PROVINCE OF BRITISH COLUMBIA

THIRTY-FIRST REPORT

OF THE

PROVINCIAL BOARD OF HEALTH

INCLUDING

SIXTEENTH REPORT OF MEDICAL INSPECTION OF SCHOOLS, YEAR ENDED

JUNE 30TH, 1927, AND THE FIFTY-FIFTH REPORT OF VITAL

STATISTICS DEPARTMENT, YEAR ENDED

DECEMBER 31ST, 1926



PRINTED BY
AUTHORITY OF THE LEGISLATIVE ASSEMBLY.

VICTORIA, B.C.:

Printed by Charles F. Banfield, Printer to the King's Most Excellent Majesty.

1927.



Presented by

The Provincial Health Officer

February 1928



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THIRTY-FIRST REPORT

OF THE

PROVINCIAL BOARD OF HEALTH

INCLUDING

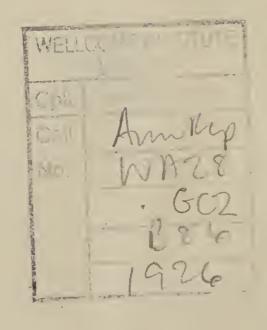
SIXTEENTH REPORT OF MEDICAL INSPECTION OF SCHOOLS, YEAR ENDED JUNE 30TH, 1927, AND THE FIFTY-FIFTH REPORT OF VITAL STATISTICS DEPARTMENT, YEAR ENDED DECEMBER 31ST, 1926



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PROVINCIAL BOARD OF HEALTH,

VICTORIA, B.C., November 30th, 1927.

To His Honour Robert Randolph Bruce,

Lieutenant-Governor of the Province of British Columbia.

MAY IT PLEASE YOUR HONOUR:

The undersigned has the honour to present the Report of the Provincial Board of Health for the year ended June 30th, 1927.

WILLIAM SLOAN,

Provincial Secretary.



REPORT of the PROVINCIAL BOARD OF HEALTH.

PROVINCIAL BOARD OF HEALTH,
VICTORIA, B.C., November 30th, 1927.

The Honourable William Sloan,
Provincial Secretary, Victoria, B.C.

SIR,—I have the honour to submit the Thirty-first Annual Report of the Provincial Board of Health for the year ended June 30th, 1927.

Ordinarily, our Report appears in August of the current year, but owing to our arrangement with Ottawa in respect to the vital statistics it has been delayed pending receipt of the tables from the Census Bureau.

In 1918 I suggested to the Honourable the Minister a change in the date of the publication of our Report, asking that it be published in midsummer in order to coincide with the completion of the school-year, and also to enable us to present a report on the Vital Statistics Branch a sufficient length of time from the completion of the previous year to enable us to return a complete report. This has been carried out.

In the meantime, arrangements which had been pending with the Census Bureau at Ottawa have been given effect to, and all the Provinces make their complete Vital Statistics Report to Ottawa, who tabulate them, but we find now that Ottawa is not able to give us the figures until the end of the present year, and we are just in receipt of these.

This delays our general Report, and I beg leave to suggest that we revert to our former procedure; that is, for the Annual Report of the Department to appear in midsummer at the end of the school-year, and that the Vital Statistics Report be issued as a separate report and be published on receipt of the full tables at the end of the year. This will enable us to present both Reports to the Legislature in January of each year as is provided for under present laws. This procedure will coincide with the other Provinces in regard to the issuance of the Vital Statistics Report, and enables comparison to be made as between the Provinces, and also enables the Census Department to publish a complete report coincident with the publication of the Provincial reports.

The Annual Report of the Provincial Board of Health is primarily engaged in reporting the statistics of communicable diseases which come within the purview of the Department, and, by comparing the number of cases as reported from year to year, gauge the results of the work of the Board. This is the general conception that the public has of our work, but as we progress we have endeavoured to show the public that the number of cases of infectious diseases reported is more a criticism of, not the Department, but of the conduct of the community itself in regard to their non-observance of the law of the land.

Our whole effort has been directed along the lines of the awakening, in the public conscience, of a sense of their responsibility, and that the results from the enforcement of the health laws can only be brought about by co-operation on the part of the public. Governments may make laws, but they can only keep a step or two ahead of what the public desires, and to get at the desires of the public necessitates a long-continued propaganda in an effort to educate them to their responsibilities. I am pleased to say that during the past few years there has been a remarkable awakening of the public conscience in this matter. They are beginning to realize what the individual as regards his relation to the community means, and as regards the efforts he must make individually in the prevention of disease by attention to personal hygiene, the education of himself and others in the idea of the prevention of disease as distinct from its cause. The inculcation of this idea has been our aim, and our efforts have been to create a broader outlook by the health-work as carried on by the Government.

Formerly it was the highest ambition of public-health workers to show each year a diminished morbidity and mortality rate from certain named diseases. If the Public Health Officer could show that in a brief period of his incumbency he had cut the typhoid death-rate down to one-fifth of its former proportions and had a steadily diminishing rate for scarlet fever or diphtheria, he felt that he had done a great deal. But within the past few years we have had a higher ambition. We have felt that we must deal with more than the negative side of health, and that it was most distinctly within the province of a Health Officer to put forth every effort to raise the vitality of every human unit in his community to the highest point of efficiency. He must no longer be satisfied with the knowledge that from the result of his efforts a number of individuals have survived who might have died from some preventable disease, but he must also feel that he must lay a foundation for the robust citizens of to-morrow,

and so our ideals have advanced, taking in not only the previous field of sanitation, but also that of personal hygiene.

How to reach the individual, however, has been the problem. Health Officers could not personally supervise the daily life of each individual in the community, and he recognizes, therefore, the necessity for educational measures, directed both to the end of securing better understanding, and hence better support to the Health Department, and also to so educate the individual as to furnish him with the knowledge of how to promote his individual health and with the incentive to put that knowledge into effect.

That we are accomplishing our purpose is largely due to the fact that a sufficient number of the citizens have become thoroughly interested, and through them, as individuals, organizations have been reached, and public-health work in British Columbia is able to show milestones of progress from year to year.

Our Public Health Nursing Service is probably the best example of the progress that we are making in regard to the education of the public.

The Department of Public Health in the University is providing a course for the training of our Public Health Nurses. This is supplemented by a training in our leading Public Health Centres of the actual work as carried out in our different districts, and it is due to the establishment of these nurses that we are able to report still further advances during the past year.

Our ambition has been to create self-contained health units in the different municipalities under a full-time Medical Health Officer and with a sufficient number of nurses to give effect to the health laws.

There have been, in our two largest cities, full-time Medical Health Officers for some years, but in all of the rest of the Province part-time officers carried on the work. These officers were selected from amongst the local practitioners, and while the Department acknowledges its indebtedness to these men and to their valuable services in time of epidemics, yet it was impossible to embark upon an educational health-work under the supervision of men who were themselves busy practitioners, and our object has been to convince the people of the value of giving specially trained people the special work of educating them to realize that, within natural limits, any community can determine its own death-rate, and also to realize that "prevention is better far than cure."

We have established, during the past year, three full-time health units. It is a difficult matter to convince people that they are deriving benefits following certain costs if it cannot be demonstrated to them that there is not an actual monetary return, and in this materialistic age a suggestion to increase taxes without such a monetary return receives very scant attention. But the work carried on by the nurses, the results we have achieved in our schools, the better control of epidemics, all has had its effect, and led to the adoption by three of the districts of full-time men, and I am pleased to record that the results in these districts, in even such a short time, have convinced the people.

The men whom we have placed in charge are men who have specialized in health-work; they went into the district with a definite programme and have carried it out, with the result that adjoining districts are making inquiries as to how it was done and what it costs.

In inaugurating the first three units, we are indebted to the Rockefeller International Health Board for financial assistance, which is granted for a limited time, but it is the fact that this has been granted that has enabled us to get the people to make the beginning. By the time that this grant is withdrawn these districts will, as they express themselves, willingly go on with the work.

The plan carried out is a full health programme, beginning with prenatal work, followed by infant-welfare, pre-school, then school, until the child leaves the school. This is the basis of the work, and using this as the introduction into the home, the establishment of classes amongst the older people, we are able to bring home to them the real purpose of a co-ordinated plan; that is, the elimination of disease by study, research, and co-operative effort, based upon our knowledge that common contagious diseases are spread chiefly by the direct transfer of excretions from person to person.

The establishment of unified health service is the application of the knowledge gathered as a result of investigations by many men in all countries, and its justification is probably best expressed by quoting from Dr. Charles V. Chapin's address on "Science and Public Health" before the American Public Health Association:—

"The science which can point to its achievements against smallpox, malaria, yellow fever, diphtheria, typhoid and typhus fevers, tuberculosis, and a score of other diseases, as well as

to a rapid lengthening of human life, and especially to the saving of vast numbers of infants from early death, need not be ashamed to acknowledge that some experiments have failed; neither should it hesitate to admit that we are still merely picking up pebbles on the shore of the sea of knowledge, and that what is not known about maintaining and perfecting the health of mankind is far greater than what is known. The opportunities for discovery are as great as before the days of Harvey, Pasteur, and Lister."

We have endeavoured to show in our reports that the Health Board is appreciative of the changes that have taken place in regard to the management of health matters. The essential change is that "The old public health was concerned with the environment, the new is concerned with the individual; the old sought the sources of infectious diseases in the surroundings of man, the new finds them in the man himself." Our object is the awakening of the public conscience and securing the encouragement of an intelligent public opinion to bring, through the practical application of our health laws, the increased length of life, increased productive capacity of the human asset, decreased sickness and misery, and bring about the culmination of national prosperity produced by happy, healthy, contented people.

I will refer briefly to the different branches of the Department.

TUBERCULOSIS.

The work in regard to tuberculosis is making very satisfactory progress. Dr. A. S. Lamb, our Travelling Diagnostician, is reporting a real increase in the interest which is being manifested by the people in general.

He is establishing clinics in different parts of the Province, in co-operation with the local medical men and with the assistance of our Public Health Nurses. He deals with this in his report, which we are publishing.

The figures in regard to tuberculosis, which we publish, appear large considering the population, but we must take into account that British Columbia, for climatic reasons, is regarded as a Mecca for tuberculosis cases which come here from all parts of the country. In addition, the number of deaths is swollen by the deaths amongst the Indians, the Chinese, and the Japanese, and Dr. Lamb, in his report, is publishing these figures, which are illuminating.

In connection with the Canadian Tuberculosis Association, and through financial assistance of the Federal Indian Department, surveys of the Indians have been carried out during the past two years under the management of Dr. Hill, Professor of Health in the University of British Columbia and Director of Laboratories, together with Dr. Vrooman, formerly Superintendent of the Tranquille Sanatorium, and Dr. Lamb. The results of their work are embodied in comprehensive reports which will be published in the Annual Report of the Canadian Tuberculosis Association.

The work has been done in a very thorough manner, and is probably the best of its kind that has been undertaken in regard to the Indians in any part of the continent.

We believe that the Federal Department has under advisement the establishment of a Tuberculosis Sanatorium for the Indians. The Provincial Government has already under construction a hundred-bed unit at the Provincial Sanatorium at Tranquille, and there has been provided in the City of Vancouver a ninety-bed accommodation for advanced cases, in order to relieve the Sanatorium of the care of these cases and to permit of more cases in the incipient stage being treated.

VENEREAL CLINICS.

Our venereal clinics are carrying on their work in a most satisfactory manner. Their real purport is being better understood by the public, and without very much effort on our part the attendance is increasing and we are working our clinics to capacity. We have had to enlarge the accommodation in the clinic in Vancouver three different times.

Educational work is also being carried on through different agencies, and we are satisfied that there has been an appreciable control of the disease established—that is, on the curative side—and these results are being shown by the decrease in the number of patients in our mental hospitals since the inception of our work.

The preventive side is a problem which requires very earnest work to bring about appreciable results. The control of the infected person, especially in our cities, is a problem to which no satisfactory solution has been offered, other than the hope, by education through meetings and literature, of impressing upon the rising generation the real dangers of venereal disease.

One striking result, as we gather from our reports, is the account given by the drug trade of the great decrease in requests for "quack" remedies and the increase in the demand for prophylactic packages. We take it that this is one of the best indications of advance in the education of the public.

LABORATORIES.

The laboratories are probably the best barometer of our work, and the increase in the work in these places us amongst the leaders on the continent; that is, for the work done on a per capita basis.

Since the last Report we have opened another laboratory at Kelowna, making four Provincial Laboratories, and we have requests from two other centres in the Province for similar establishments.

In the report issued by the American Public Health Association on the laboratory-work in North America, the amount of work done in our laboratories shows that we are in the forefront in regard to our use of these facilities.

In addition to this, we are receiving co-operation from the municipalities in a yery satisfactory manner, and they are contributing a yearly grant in preference to paying for the work as it arises from time to time. They are satisfied that the control of infectious diseases is much more effective with the help of the laboratory and are recognizing that a yearly contribution is a real economy.

In connection with the laboratory-work, vaccines and antitoxins are sent out free on request, and for the year ended June 30th, 1927, the following have been furnished: 12,445 points smallpox vaccine, 3,769,000 units diphtheria antitoxin, 40 doses diphtheria toxoid, 7 packages Schick test for diphtheria, 2,083½ c.c. scarlet fever antitoxin, 9 packages Dick test for scarlet fever, 623 doses typhoid vaccine, 207,000 units tetanus antitoxin, 7 packages whooping-cough serum, 8 packages anti-meningitis serum, 6 packages anti-streptococci serum, and 1 package hæmostatic serum.

SANITATION.

The report of our Chief Sanitary Inspector is included herewith.

Under the general head of sanitation, we are concerned with the larger problems in regard to water-supplies, sewerage, transportation, public buildings, and more especially with the logging and mining camps and the inspection of fruit and fish canneries. This work is carried out in a very systematic manner and the greatly increased problem of the auto tourist is being handled satisfactorily.

Following a severe epidemic of typhoid fever in New York, intensive work was carried on by the United States Public Health Service in the regulation of the oyster-beds. We have become, by arrangement, an integral part of this work and our inspection of all our oyster-beds are accepted by the United States Public Health Service, which permits of the export of the oysters to the United States.

PUBLIC HEALTH NURSING.

I have to report a continued improvement and extension of this work. The University of British Columbia has enlarged the scope of the work, and has so arranged the schedule that more time will be given in the course for the actual work in the field in connection with our existing health centres. One month of the course will be spent by the students under charge of the Supervising Nurses in our health centres, and the nurses will take an active part in the public-health nursing work as carried out in British Columbia.

We are very much gratified indeed to report an enlivened interest on the part of the teaching profession, and wish to recognize the co-operation that we are receiving from the Provincial Education Department.

It is a splendid evidence of the advance of public opinion in this question that there are usually five or six places waiting for nurses, and, in addition, we are receiving requests from the local School Boards that our nurses be detailed to teach health in the schools.

In a former report I mentioned that I preferred to call our nurses public-health "teachers" rather than public-health nurses. This idea has been kept uppermost and we are reaping the effects during the present time.

INFECTIOUS DISEASES.

On the whole, the past year has been favourable in respect to the occurrence of infectious diseases. We have had two possible threatened epidemics, one of smallpox occurring in the

Nanaimo District and later in the season for a time it appeared as if we were in for a very serious epidemic of poliomyelitis.

The smallpox manifested itself first in one or two cases in the sparsely settled country districts and, being of such a mild type, unfortunately did not alarm the people. While the usual precautions were taken and quarantine established in as far as possible, it was difficult to persuade the people that there might arise from this a serious state of affairs. It continued to spread through the district. Officials from the Board were sent up. Free clinics for vaccination were established which were well patronized, and almost immediately there was a subsidence in the number of the cases.

In this connection, I would like to point out, more especially to the authorities of Greater Vancouver, that it is a very great mistake to neglect precautions at any time in regard to smallpox. The experience which Vancouver had in 1925–26, when it was very difficult to persuade the authorities to take any active steps in the prevention of smallpox, led to the development of an epidemic which brought about a ban placed on the city by the United States authorities. This soon convinced the business element of the necessity of something being done, and we succeeded in vaccinating a great many people, and more especially the school-children.

During the past summer season, some cases developed in the suburbs of the city and the enforcement of the regulations as to vaccination of school-children was carried out, until a stop was put to it by the School Board, who, under a technical interpretation of the terms of the regulations, said that they were not lawfully permitted to spend money for vaccinating the school-children by the school doctor in the school offices. This difficulty was met by the City Board of Health offering to assume charge and bear the expense, but they were not allowed the use of the school offices.

This action on the part of the School Board is very much to be regretted. The children were accustomed to attending these offices for the regular examinations by the School Medical Inspector and the nurses, and it was no difficulty to carry out the vaccination. Following the action of the School Board, the City Board of Health advertised free clinics to be established, but they were not patronized to any extent.

During the past three weeks there has developed in the schools of South Vancouver a dozen cases, and active measures are being taken to endeavour to nip the possibilities in the bud.

Vancouver is a seaport town, open all the year round, and in communication with all ports in the world. The civic authorities must recognize that under present international conditions any city in the position of Vancouver must have a clean bill of health if they expect to carry on business.

POLIOMYELITIS.

In 1916 a severe epidemic of poliomyelitis existed in New York, over 20,000 cases with over 5,000 deaths. Previous to that, poliomyelitis had been very rare in North America, but since then it has gradually crept over the country, and during the past year large numbers of cases have been reported from the different States, nearly every State in the Union being affected. In July an outbreak occurred in the neighbouring Province of Alberta, and in August cases developed in British Columbia in the middle interior, and there were reported in all 175 cases, but a number of these were reported in carrying out the regulations to treat suspected cases as true cases.

The medical profession co-operated in a splendid manner with the Provincial Board of Health, and by October the conditions were well in hand. This was followed, by the end of the month, with a complete subsidence.

Our knowledge of poliomyelitis as to causation has been enlarged by the experimental work which has been carried on in the laboratories, and we know that the symptoms are due to the effects from a virus which is so minute that it has not been isolated to be examined, but in the laboratories they have been able to transmit the disease to monkeys. There has not, however, as yet, been brought forward a serum which would act either as a prophylactic or as a curative measure. There has been, however, use made of the serum taken from paralytic cases and the same procedure is carried out with this as in the treatment of measles.

Immediately following the outbreak, the medical profession was circularized and the addresses of the patients and information as to the date of attack and the time of development of paralysis was asked for. The medical profession co-operated in this by giving us the

names and addresses, and a letter was sent to the parents asking for permission to obtain blood. We have had a very good response indeed, and our laboratories are collecting serum which we will have on hand should another outbreak occur within the next year.

A table of infectious diseases reported during the year is incorporated in this Report, and the regional report of diseases is as follows:—

Chieken-pox.—McBride, Parksville and District, Port Essington, and Williams Lake and District.

Influenza.—Britannia Beach, Campbell River and District, Clayoquot Sound District, Edgewood District, Invermere and District, Kimberley, McBride, Oliver and District, Smithers, and Williams Lake and District.

Measles.—Ashcroft and District, Burnaby Municipality, Merritt and District, Mission, Parksville and District, Pitt Meadows Municipality, Port Simpson, Vancouver, and Williams Lake and District.

Mumps.—Alert Bay.

Rubella (German Measles).—Burnaby Municipality, Cranbrook and District, Cumberland, Kamloops, Kimberley, Pitt Meadows Municipality, and Point Grey (University District).

Searlet Fever.—Kamloops and Merritt and District.

Smallpox.—Kamloops District and Nanaimo and District.

Whooping-cough.—Cranbrook and District, Duncan and District, and Invermere and District. Cemetery-sites approved.—New Westminster District (Jewish), Salmon Arm, Grindrod, and Clo-oose.

Sewage-disposal Systems approved.—Point Grey (extensions), Vancouver (extensions), West Burnaby, South Vancouver (extensions), North Vancouver City (extensions), Prince Rupert (extensions), Powell River (extensions), and Trail (extension).

Water-supply Systems approved.—Point Grey (extensions), North Vancouver City (Rice Lake storage system), North Vancouver District (Kennedy Lake supply and extension of main), Vernon (extension and alterations), Sechelt (Chapman Creek supply), West Vancouver (Eagle Lake supply), Saanich (extensions and alterations), South Vancouver (extension), Rossland (extensions), Prince George (extensions), and Nelson (renewals).

I beg leave to ask, sir, for your consideration for increased accommodation for our Department. Our Vital Statistics Branch is showing a wonderful growth and the work has increased over 100 per cent. in the past four years. A full report of their activities is appended.

We are also appending a full report of the Medical Inspection of Schools, and I think any one reading it will find it very interesting in the demonstration that we are able to give of the improvements.

In asking for further accommodation, I am also asking for an increase in staff. The work has grown to such proportions that the lack of a trained staff is militating against the expansion of the Department. We can truly say that we have accomplished the main purpose of our work—that is, educating the public—and the demands from the public for expansion of our work are becoming insistent. I hope that you will please take under careful consideration our request for the addition of an Epidemiologist to the staff. The question of expense should not enter in, as he will save his salary five times over in the checking of infectious diseases and in the work which he can do along educational lines.

I would also like, sir, to express, for myself and staff, appreciation of the co-operation which we receive from yourself, and I would like to take this opportunity of expressing to you my appreciation of the splendid co-operation that I receive from the staff. The increase of our work necessitates them working, on occasion, overtime, and a request for this is always cheerfully complied with. The fact that we have been able to make such satisfactory progress is due to the cheerful help that I am receiving. I may say that the staff and myself appreciate the active interest of yourself in our work—an interest that is based upon the idea of understanding the policies and the details of the Department and lending to our success your help and encouragement.

I have the honour to be, Sir,

Your obedient servant,

H. E. YOUNG, M.D.,

Provincial Health Officer.

TABLE SHOWING RETURNS OF CASES OF CONTAGIOUS DISEASES IN THE PROVINCE, JULY, 1926, TO JUNE, 1927.

	Cerebrospinal Meningitis.	Chicken-pox.	Diphtheria.	Erysipelas.	Infantile Paralysis.	Leprosy.	Measles.	Mumps.	Rubella (or German Measles).	Scarlet Fever.	Sleeping Sickness.	Smallpox.	Tuberculosis.	Typhoid Fever.	Whooping- cough.
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TABLE SHOWING RETURNS OF CASES OF CONTAGIOUS DISEASES IN THE PROVINCE, JULY, 1926, TO JUNE, 1927—Continued.

	Cerebrospinal Meningitis.	Chicken-pox.	Diphtheria.	Erysipelas.	Infantile Paralysis.	Leprosy.	Measles.	Mumps.	Rubella (or German Measles).	Scarlet Fever.	Sleeping Sickness.	Smallpox.	Tuberculosis.	Typhoid Fever.	Whooping- cough.
Brought forward	3	610	120	13			2,982	361	1,552	495		227	42	41	574
Powell River Prince George and District Princeton and District Queen Charlotte City Quesnel and District Revelstoke and District Richmond Municipality Rock Bay and District Rossland Sanich Municipality Salmon Arm and District Saltspring Island Sidney and District Smithers and District Smithers and District Summerland Municipality Surrey Municipality Trail City Trail District Ucluelet Vancouver Vancouver, North, City Vancouver, North, District Vancouver, South Vancouver, West Vernon and District Victoria		65 1 15 10 1 17 66 12 2 6 2 10 8 300 20 79 125	14 3 1 2 272 5 1 49 8	3 62 2			65 6 1 58 175 50 2 10 80 4 1 33 2 1 25 46 9 13 2,383 49 46 1,311 63 282	1 4 20 6 12 1 60 	35 43 58 2	46 3 30 5 28 9 4 1 207 37 5 4 43	1	4 17 1 2	3 6 2 1 122 8 	2 1 1 14	10 6 5 19 25
Williams Lake and District		250	8	1	• • • •		150 10	1	13	43		1	49		2
Totals	11	1,599	477	81		1	7,857	509	1,770	936	1	252	235	64	826

GENERAL REPORTS.

SANITARY INSPECTION.

SANITARY INSPECTOR'S OFFICE,

VICTORIA, B.C., June 30th, 1927.

H. E. Young, M.D., C.M., LL.D.,

Provincial Health Officer, Victoria, B.C.

Sir,—I have the honour to submit the Seventeenth Annual Report for the Sanitary Branch of your Department.

With increasing population, both permanent and transient, the work of this division has increased to such an extent that any thought of holidays has been submerged to the background. New industries to develop our natural resources have called for more field-work along prophylactic lines. Fortunately, the general public is becoming alive to the value of good health through sanitary precaution and a disposition to co-operate with Health Officers and Sanitary Inspectors is far more evident than in pioneer days.

Briefly outlining my work alphabetically, I must commence with the new source of anxiety, that of the

AUTO TOURIST CAMP.

Camps are now provided for visiting autoists by nearly all the municipalities, also as a business by caterers to this class of tourists. These camps are under the inspection and jurisdiction of local sanitary officers and are in the main quite satisfactory. Our greatest concern lies with the indifferent and selfish camper that stops overnight at the first convenient place, usually near a creek, litters the place with all kinds of refuse and insanitary filth, and finally neglects to see that his camp-fire is entirely extinguished. It requires no stretch of imagination to see what a twofold menace to health and property is engendered by such conduct. In view of the increasing number of properly located and operated auto camps on all our main roads, it is proposed that in future no individual camping on or near roadside will be permitted.

BATHING CAMPS.

The cities have been deserted by the younger generation in their love for the sea and open spaces. Seaside camps all over the southern portion of British Columbia have been literally swamped, especially at week-ends, when the grown-ups make their periodical visits. One of our largest marine transportation companies has shown vision and far-sightedness in establishing many new camps at seaside points. These camps consist of numerous cottages with modern conveniences, and in several camps the visitors may prefer a fully equipped hotel. At these company-owned camps sanitation is not lost sight of, but unfortunately we have to deal with many places used and rented by private parties where the tenants are transient, and where nothing but the most primitive sanitary conveniences are provided, and very often the drinkingwater is of doubtful purity. These places, scattered along a coast-line of several hundred miles, call for frequent visits and enforcement of the Sanitary Regulations. This constant vigilance, coupled with the open-air life, is probably responsible for the freedom from all infectious or contagious disease at our popular seaside resorts.

CANNERIES.

Our fruit and vegetable canneries, which are mostly located in the Okanagan country, are operated by men who are, fortunately, versed in the laws of sanitary cleanliness and take a pride in having visitors see every part of their establishment, and co-operating at every turn with inspecting officials.

FISH-CANNERIES.

Our fish-canneries form probably the leading food-export industry of Canada. The fact that British Columbia canned salmon commands the highest prices in the world's largest market is explained by the fact that in no part of the universe is the catching and canning of salmon brought nearer the peak of perfection in sanitary and expeditious handling than in British

Columbia. Every year sees new canning-machines added, so that in many of our newer canneries the fish is scarcely touched by human hands from the time it leaves the net until canned, cooked, and ready for consumption. Federal Fishery Overseers are on constant patrol to ensure that only seasonable and strictly fresh fish are used, whilst our own regulations are strictly enforced.

OYSTER-BEDS.

Another important and increasing food product coming under the jurisdiction of this Department is oysters.

It is not generally known that an increasing export trade is being built up by our oyster-ground operators. There are more than a score of firms operating oyster-beds on British Columbia coastal foreshore. Many of them are exporting considerable of their products to the United States. Until quite recently this was accomplished without difficulty.

During the early part of this year the United States Health authorities at Washington, D.C., formulated new regulations dealing with oysters and the oyster-growing industry. These regulations are applicable to every oyster-bed in the United States, and are also applied to oysters exported to the United States, inasmuch as before oysters can be shipped from Canada to the United States a certificate issued by the local Provincial Board of Health must state that the beds are free from sewage; the buildings, containers, and implements are sanitary; and the operators and employees clean and free from skin, blood, or contagious disease.

Fortunately these regulations do not impede the export of oysters because every oyster-bed in British Columbia is located far from city sewers, and the exporters are all of the type known as sanitary cranks and only too glad to carry out any suggestions made by your Inspector. The oyster industry here is comparatively in its infancy, but we anticipate no difficulty in protecting the public health from the slightest chance of ill-effect through oysters, in so far as their culture is concerned.

The safe and proper handling of oysters after they are in the hands of retailers is now a matter receiving the consideration of this Department.

MINING AND LOGGING CAMPS.

The mining and logging development in British Columbia is now attracting the world at large.

The industries are largely controlled by big corporations with foresight enough to realize the value of sanitation for employees. Nearly all the large industrial camps are now conducted upon sanitary lines which exceed the demands of our regulations, resulting in a better class of work and a contented people. This applies especially to such places as Britannia Mines, Ocean Falls, Kimberley, Powell River, Woodfibre, Port Alice, and Anyox.

Our trouble, if any, is with the small individually owned camps. These are subject to periodical visits.

NUISANCES.

Nuisance complaints this year show an increase, which can be explained as follows:—

In a district which up to a few years ago was a wilderness of isolation a firm started a piggery on several acres. The place was conducted along fairly sanitary lines, but of recent years adjacent acreage has been taken up, cultivated, and homes established by most desirable newcomers. In the meantime the piggery flourishes, but the ground is becoming so saturated with the effluent of the septic tank that, in spite of precautions, a strong nauseating odour permeates the vicinity for half a mile distant. This is especially noticeable on evenings following a hot day with low barometric pressure. A new sub-irrigation system is now being considered in an effort to abate this nuisance. This is a fair example of the problems which your sanitary officers are called upon to solve.

Another nuisance dealt with was the odour from a fertilizing and fish-oil factory adjoining the residential part of a small city. This was abated by the owners closing down for the summer season. This concern established its plant without a permit from this Department.

Other nuisances arise from improper and inadequate disposal of septic-tank effluent. These have been dealt with.

To enumerate all the alleged nuisances would consume much time. Some are serious, whilst many are petty, but all have to be investigated and corrective action taken where needed to safeguard public health.



CRESCENT OYSTER-BEDS, 1927. THIS SHOWS ONE OF THE SUB-FLOATS AND RAFT-FLOATS WHERE THE SORTING-OUT OF MATURED OYSTERS TAKES PLACE. THE VERY SMALL ONES ARE RETURNED TO THE PROPAGATING-GROUNDS.



CRESCENT OYSTER-BEDS, SHOWING MOUTH OF SERPENTINE RIVER AT LOW TIDE.



WATERSHEDS.

The Sanitary Regulations provided especially for watershed areas have been most favourably commented upon by visiting Health Officers and Sanitarians. These regulations were revised during the past year, and are as follows:—

SANITARY REGULATIONS GOVERNING WATERSHEDS.

These regulations shall be applicable to every person entering upon any watershed area above or beyond a municipal intake, reservoir, or dam.

- 1. (a.) Watershed Sanitary Inspector or Inspectors shall be appointed, subject to the approval of the Provincial Board of Health, by the City or Municipal Council concerned.
- (b.) Watershed Sanitary Inspectors shall have full authority to enforce these regulations. They must reside upon the area under their supervision. They shall not be absent from the watershed for a period of more than twenty-four hours per week without the sanction of the local Medical Health Officer or Chief Provincial Sanitary Inspector.
- (c.) The Inspectors shall order the liberal use of quicklime or other disinfectants when and wherever needed.
- (d.) The Inspector shall send a written report of the watershed conditions under his charge to the Provincial Board of Health and a copy to the local Medical Health Officer not less than every two weeks.
- (e.) The Provincial Chief Sanitary Inspector shall make periodical visits to see that these regulations are being enforced, and shall have power to change or add to these regulations according to nature of industrial operations and changing conditions or emergencies. Such changes must be subject to the approval of the Provincial Board of Health.
- (f.) Operators shall provide food and shelter for visiting authorized Inspectors when upon the watershed.
- 2. All officials and employees of companies operating in the watershed shall produce to the Inspector a certificate from a licensed medical practitioner that they are not affected by any disease which, in his opinion, would pollute the water.
- 3. (a.) Certificates of health, successful typhoid inoculation, or Widal test certificate must first be produced before any person will be permitted to work for the company, in any capacity, above the city's intake.
- (b.) Certificate shall state: (1) That he is not suffering now from any communicable disease; (2) that he is not a "carrier" of typhoid fever, diphtheria, or scarlet fever.
- 4. (a.) All persons entering the watershed, for whatever purpose, other than officials and employees of the company, must first submit themselves to a blood test (Widal) and certificates of health must state: (1) That the blood-test is negative; (2) that he is not suffering from any communicable disease; (3) that he is not a "carrier" of typhoid fever, diphtheria, or scarlet fever.
- (b.) No person will be permitted to enter the watershed above the intake without first presenting the aforementioned certificate of health to the Inspector in charge.
- 5. All persons entering upon watershed area must satisfy the Sanitary Inspector in charge that they are provided with the necessary equipment and convenience to safeguard the watershed area from contamination.

- 6. Instructions and rules on sanitation of camps to be posted in all camp buildings in a conspicuous position.
- 7. Camps.—The location of all camps to be subject to the approval of the Provincial Board of Health and the local Medical Health Officer after consultation with the manager of the interested company.

Arrangements must be made for safe and thorough disposal of garbage, refuse, tins, etc., or else remove same to an incinerator.

All liquid waste, slop-water, etc., from the cookhouses, bathing-houses, laundry, etc., must be run in pipes, or by other means acceptable to the Inspector, into a properly constructed tank and chlorinated or otherwise treated so as to effect sterilization.

Every camp shall be equipped with a wash-house and laundry containing a stove, tubs, and facilities for drying; also wash-basins, shower-baths, soap, and all proper sanitary facilities to the approval of the Inspector. Cleanliness, of course, is necessary for the health of the men and it must be insisted upon. Persistently unclean persons will be debarred from the watershed.

Bathing or laundry-work in the creeks or streams is absolutely prohibited.

All cook-houses, dining-rooms, etc., to be screened to prevent the entrance of flies.

Meat-houses and store-rooms must be fly-proof and built to the satisfaction of the Inspector.

All bunk-houses must be built with adequate light and ventilation, the interior limewashed or painted and fitted with iron bunks.

Plans and specifications of all buildings to be erected to be furnished in duplicate to and approved by the Provincial Board of Health.

8. Latrines.—Deep pit not less than 8 feet by 30 inches, lime-treated daily, to be filled in with earth or gravel when contents reach within 2 feet of surface; or a pail system of galvanized-iron pails with covers, which can be easily handled and removed to the incinerator. The location of any latrine must be selected by the Inspector in Charge.

Chlorinated or quick lime must be available at all latrines and all latrine cans must have liberal daily allowance when in use.

When necessary to install urinals on work away from latrines, soak-aways must be provided and constructed under approval of Inspector in Charge.

For all persons engaged or employed above the intake where the work is not convenient to camp latrine, the pail system must be used and removed daily to the incinerator. Any man found not using these pails must be instantly discharged.

All roads for rail-cars, trams, trucks, or other vehicles must be constructed and drained in such a manner as not to pollute any watercourse or stream.

Maps of the property shall be furnished to the Provincial Board of Health and the municipalities concerned, showing as far as possible the plan of the ground and sites of proposed buildings and roads in their relative positions to any streams or watercourses.

The Provincial Board of Health maintains the right to alter, revise, or add to these regulations from time to time as deemed necessary for the preservation of all domestic water-supply. In cases of emergency the Inspector may make such temporary regulations as are necessary, which shall hold good until passed upon by the Provincial Board of Health.

In cases of dispute between the municipal authorities and the company or individual as to the interpretation of these regulations, the Provincial

Board of Health may be appealed to to act as arbitrator. The Provincial Board's decision to be final.

Sanitary Regulations governing Watersheds approved April 2nd, 1918, and July 6th, 1923, are cancelled.

PROVINCIAL BOARD OF HEALTH.

Approved by the Lieutenant-Governor in Council, sitting as the Provincial Board of Health, the 13th day of October, 1926.

The observance of these regulations protects the purity of water supplying Fernie, North Vancouver City and District, Greater Vancouver, and Vernon. The regulations are enforced by the municipalities affected. It may be noted, *en passant*, that no water-borne disease has occurred in these cities since the aforesaid regulations became law.

Inspection visits to industrial camps number 200; to canneries, 125; visits to investigate nuisances, 55; to watersheds to consult, advise, or relieve Resident Inspectors, 33; visits to oyster-grounds, 20; and miscellaneous visits of inspection and inquiry, 70; making a total of 503 visits during the year.

The work, whilst arduous, is made lighter by the courteous and co-operative manner of Provincial and municipal officers throughout the country, and the same can be said for operators and employees throughout British Columbia.

I have, etc.,

FRANK DEGREY,

Chief Sanitary Inspector.

COMBINED REPORT OF TRAVELLING MEDICAL HEALTH OFFICER AND INSPECTOR OF HOSPITALS.

PROVINCIAL BOARD OF HEALTH,
VICTORIA, B.C., July 31st, 1927.

H. E. Young, M.D., C.M., LL.D.,

Provincial Health Officer, Victoria, B.C.

Sir,—I have the honour to submit herewith my Fourth Annual Report as Travelling Medical Health Officer and Inspector of Hospitals for the Province.

While my work as Tuberculosis Diagnostician for the last year is very much a reduplication of the previous years, having been carried on under the same guiding principles of co-operation with the family doctors, there has been sufficient variation to still make the work very interesting. There has been a steady yearly increase in the number of cases examined, more marked the last year than previously, showing added interest not only of the medical profession, but of the public at large. The interest of the doctors is further illustrated by the number of inquiries that have come in as to when my next visit would take place.

I mentioned in my last annual report that I believed extra clinical service in Victoria would be justified. After endorsation of the plan by the Victoria Medical Society, a clinic has been held here during the second week of every second month. Much of the increase in the total examinations during the year has come from this clinical service. The Provincial Royal Jubilee Hospital Board has very kindly provided room and nursing service as well as X-ray service for this work. The Provincial Red Cross has very generously guaranteed the cost of X-ray films (the Hospital only charging for films and wear and tear of machine) up to \$1,500. This amount will be ample for our needs with something left over for next year.

Through a bequest of the late David Spencer, a building is in course of construction and nearing completion on the grounds of the Jubilee Hospital as a separate unit to be used as a tubercular clinic. This will assure permanency and will also act as an advertisement to the city that work of this nature is being done.

The occasional afternoon clinic at the Saanich Health Centre has been continued.

St. Joseph's Hospital has been equally generous in placing X-ray and other facilities at our disposal.

The regular clinics at Nanaimo have been continued during the year with interest well sustained. The balance of the Province has been covered from one to three times, despite the fact that hospital inspection has taken up an increasing amount of my time.

Another factor that has contributed this year to the increased number of cases examined was the prevalence during the fall and winter months of many cases of influenza. Many chest conditions were left in its wake and presented some difficulties in diagnosis. Particularly is that to be expected when we consider that many latent cases of T.B. become reactivated after such acute chest infections.

One of the outstanding events of the T.B. world was the meeting of the International Union against Tuberculosis in Washington, D.C., September 29th to October 2nd, 1926, followed from October 4th to 7th by four days' session of the National Tuberculosis Association, which included United States of America and Canada. In fact, this meeting of the National Association was but a continuation of the International Union. This latter only meets every two years, so it will probably be many years before another meeting is held in America. This meeting brings together most of the greatest minds in the world on tuberculosis-work and every phase of same is discussed. It was my great privilege, along with nearly every Canadian tuberculosis-worker, to attend the sessions of this congress.

As the American Hospital Association was meeting at Atlantic City the early part of the same week that the International Congress met, by going East a little early I was able to take in a goodly part of that programme, with much profit. To see the display of hospital equipment alone is well worth a trip across the continent.

DETAILS OF CLINICAL WORK.

The total number of examinations was 518, of which 40 were re-examinations, making 478 cases examined. Two hundred and forty of these I have classified as non-tubercular. Of the balance, 238, 184 are classified as positively tubercular and 54 suspects. Of the 40 re-examinations, many of them were amongst the positive cases and were re-examined to learn of progress of the disease. Others were re-examined in order to more definitely classify case as positive or negative. While my work is essentially diagnostic, every year I am asked to advise more and more as to treatment and disposal of cases.

The further classification I have confined to the positive and suspect cases, instead of all cases examined as in previous years. Of the 238 such cases, 118 are males and 120 females. Eighty-nine were born in British Columbia, sixty-two in the other Provinces of Canada, 54 in British Isles, 9 in United States of America, and 24 in other countries. Considerably over half, then, of the cases were born outside of British Columbia. Their length of residence in the Province varies from many years to two months, and while my data are not complete, quite a goodly number have been in the Province less than two years, some coming in after being diagnosed.

THE EDUCATIONAL PART OF THE WORK.

While there has been an increase in the clinical work, the educational part has not been neglected. Meetings have been addressed as follows: Vernon, under auspices of Women's Institute, also high-school pupils in same town; a joint meeting with Dr. Lapp in Victoria under Tuberculous Veterans' Association auspices, with Dr. Young as chairman; also one under Women's Institute of Victoria; Health Bureau, Board of Trade, Vancouver; Public Health Nursing class, University of British Columbia; at Duncan, under Cowichan Public Health Nursing Service; at Chemainus, under Ladies' Hospital Auxiliary; and nurses in training at Nanaimo, Hazelton, Nelson, Cranbrook, Kelowna, and St. Joseph's, Victoria.

INDIAN SURVEY.

The Indian survey, under the joint auspices of the Federal Department of Indian Affairs and the Canadian Tuberculosis Association, working through a Provincial Advisory Committee of which Dr. Young is chairman, is being continued this year. Having completed the survey of Coast Indians last year, a similar survey is being carried on amongst the Indians of the Interior.

As a representative of the Provincial Health Department, I accompanied Drs. Vrooman and Hill on a trip of inspection through the Okanagan, Kamloops, and Nicola Valley Districts. On this trip 359 Indians were examined, including in many cases entire families. While this Interior survey is not complete, indications are that the incidence of tuberculosis amongst them does not materially differ from that found last year amongst Coast Indians. The percentage of cases found amongst Indians compared with the percentage we believe to exist amongst the white population runs in about the same proportion as death's amongst Indians compared with deaths amongst whites, the latter of which will be seen in tables below.

It is often asked, "Is any progress being made in the fight against tuberculosis?" "Is it not a fact that the deaths per 1,000 of population is practically stationary, and, in fact, is higher in British Columbia than in any of the Provinces west of Quebec?" To answer these questions intelligently there are certain facts that have to be taken into consideration. First of these is that out of a total Indian population in the Dominion of 100,000 in round numbers, British Columbia has over 25,000, or one-fourth of the total, and the death-rate amongst these people is eight or nine times that amongst the whites. Again, we are the only Province in which there is any considerable population of Orientals, and the death-rate amongst these is also inordinately high. In order to show this effectually, I asked Mr. H. B. French, of the Vital Statistics Department, to segregate these different classes for the last five years. The tables below set out the results very clearly. It also demonstrates very clearly that amongst the white population during that period there has been a very steady and appreciable decrease in the percentage of tubercular deaths, and leaving out Indians and Orientals, which does not materially affect other Provinces, we have a condition here that we have reason to be proud of. This result is attained without taking into consideration the fact that many people, both civilian and ex-service, come to the Province on account of our climate when overtaken with poor health.

CHINESE, BRITISH COLUMBIA.

Year.	Deaths from Tuberculosis.	Deaths, all Causes.	T.B. Rate per Cent., all Deaths.	Chinese Population.	T.B. Rate per 1,000 Population.
1921	49	220	 22.26	23,533	2.08
1922	64	232	27.58	23,533	2.72
1923	44	228	19.29	23,533	1.87
1924	40	211	18.95	23,533	1.70
1925	44	195	22.56	23,533	1.87
1926	59	224	26.34	23,533	2.55
1926	59	224	26.34	23,533	<u> </u>

BRITISH COLUMBIA INDIANS.

Year.	Deaths from Tuberculosis.	Total Deaths, all Causes.	Rate per Cent., all Deaths.	Indian Population.	Rate per 1,000 Population.
1921	104	364	28.57	25,694	4.05
1922	99	370	26.76	24,744	4.00
1923	133	432	30.79	25,694	5.18
1924	125	457	27.35	25,694	4.86
1925	155	436	35.55	24,316	6.37
1926	145	416	34.85	24,316	5.96

Japanese, British Columbia.

Year.	Deaths from Tuberculosis.	Deaths, all Causes.	T.B. Rate per Cent., all Deaths.	Japanese Population.	T.B. Rate per 1,000 Population.
1921	.33	142	$\begin{bmatrix} 23.24 \end{bmatrix}$	15,006	2.19
1922	22	190	11.58	15,806	1.38
1923	24	158	15.19	16,004	1.49
1924	23	150	15.33	17,418	1.32
1925	33	195	16.92	18,226	1.81
1926	28	161	17.39	19,048	1.47

RACES OTHER THAN CHINESE, JAPANESE, AND BRITISH COLUMBIA INDIANS.

Year.	Deaths from Tuberculosis.	Deaths, all Causes.	T.B. Rate per Cent., all Deaths.	Population.	T.B. Rate per 1,000 Population.
1921	326	3,846	8.47	460,349	0.70
1922	322	4,115	7.82	474,917	0.67
1923	324	4,179	7.75	478,769	0.67
1924	339	4,186	8.09	486,355	0.69
1925	306	4,119	7.42	494,925	0.61
1926		4,673	6.42	501,103	0.59

BRITISH COLUMBIA, ALL RACES INCLUDED.

Year.	Deaths from Tuberculosis.	Deaths, all Causes.	T.B. Rate per Cent., all Deaths.	Population.	T.B. Rate per 1,000 Population.
1921	512	4,572	 11.19	524,582	0.97
1922	507	4,907	10.33	539,000	0.94
1923	525	4,997	10.50	544,000	0.96
1924	, 527	5,004	10.53	553,000	0.95
1925	538	4,945	10.87	561,000	0.95
1926	532	5,474	9.72	568,000	0.93

HOSPITAL INSPECTION.

As Hospital Inspector, I have inspected twenty-seven public hospitals and thirteen private hospitals, reports on most of these being made directly to the Provincial Secretary's Department.

I visited two towns where the question of establishment of hospitals was being considered, as well as other special investigations.

I attended one Hospital Society meeting, at which the elective board was reduced from fifteen to five members, the annual fee cut from \$5 to \$2, and a by-law passed making it illegal for directors to have contracts with hospital boards. I met with eight hospital boards and, where full meetings could not be arranged, have met with some member or members of the executive in twenty cases.

I attended sessions of the Provincial Hospitals Association, also, as mentioned before, the American Hospital Association at Atlantic City, and in May the meeting of the Hospital Section of the Pacific North-west Division of the American College of Surgeons at Seattle.

There has been great activity throughout the year in planning and completing hospital extensions, including infectious-disease departments, nurses' homes, etc. These extensions were always associated with a request for special grant from the Government and universally received favourable consideration.

I have received many expressions of appreciation of the action of the Government in planning extensions at Tranquille. The extra accommodation for tuberculosis provided at the General Hospital, Vancouver, did much to relieve the overcrowding temporarily, as did also the opening of Vernon Villa by St. Joseph's Hospital, Victoria, but the addition is still needed to avoid overcrowding permanently.

The 1925 amendment to the "Hospital Act" has done much to assist the hospitals financially, and I believe it has worked no hardship on municipalities, being very fair to them. Most of the hospitals outside of the larger centres are still working on a flat rate, rather than the 70 cents per day per patient.

There have been no cases during the year referred to Arbitration Board for decision, which would seem to bear out the opinion expressed above that provisions of Act are fairly satisfactory.

In closing, I would like to express my appreciation of the cordial co-operation and valuable advice I have received from you on all occasions; also to the doctors, nurses, and lay organizations throughout the Province; to Miss Randal, of the Graduate Nurses' Association, I extend my sincere thanks.

I have, etc.,

A. S. Lamb, M.D., Travelling Medical Health Officer and Hospital Inspector.

REPORT ON MEDICAL INSPECTION OF SCHOOLS.

PROVINCIAL BOARD OF HEALTH,

Victoria, B.C., November 30th, 1927.

The Honourable William Sloan,
Provincial Secretary, Victoria, B.C.

SIR,—Herewith I beg leave to hand you the Sixteenth Annual Report of the Medical Inspection of Schools for the Province of British Columbia.

The work of our Department as a whole is making very satisfactory progress, and we have been pleased to call your attention to the advances in respect to the different departments, but I feel that, in reporting as to the work of the medical inspection of the schools, we can show more real advance and more accomplishment, with the result of greater interest being taken by the parents and public in general, than in any other department.

Our Nursing Service is increasing and the number of nurses at present connected with our work is upwards of forty, a remarkable increase in the past five years, when we began with one nurse. The soundness of our policy in the establishment of the Nursing Service is borne out by the results as shown in the schools. We are now busy coping with the requests that are coming in for extension of our Service, and it is becoming less and less incumbent upon us to make an effort to induce the people to consider our Service. The improvement of the general health of the children; the improvement in their class-work; the curing of a large number of defects; the institution of dental clinics; the carrying-on of classes in health; and the teaching of health habits to the children; all have been making remarkable progress.

In my general article on the progress of the Department I have mentioned more particularly the inclusion of our nurses as teachers of health in the schools. This has been done at the request of the trustees, and on their own initiative, and is, I consider, a most significant procedure on their part as indicating their greater knowledge of the subject and their observation of the results which have been obtained so far.

We have increased the number of our dental clinics and have applications from several other points for the establishment of the dental work.

The most significant change is the increasing control we have over epidemic diseases. During last summer we had several meetings of the School Medical Officers and Medical Health Officers, and have formulated new regulations in regard to the management of the schools in the event of any infectious disease showing, that are working a very great benefit in regard to the control of such epidemics, but particularly in preventing interruption of school-work.

We found that, when children were excluded or the home was quarantined, it was difficult to enforce, as many of these pupils were very anxious to receive the honour roll for perfect attendance from the Education Department. This led to children returning too early, with consequent spread of the disease and also injury to themselves from the fact that they had not recovered sufficient strength to return. Parents and children alike were anxious that they should get the honour roll, and no allowance was made by the Education Department for being absent on account of quarantine. Representation was made to Dr. Willis, the Superintendent of Education, and he very kindly consented to make such arrangements and has written us a letter, which I append:—

"BRITISH COLUMBIA DEPARTMENT OF EDUCATION.

"OFFICE OF THE SUPERINTENDENT.

VICTORIA, B.C., August 18th, 1927.

"Dr. H. E. Young,

Provincial Health Officer, Victoria, B.C.

"Dear Dr. Young,—In reply to your letter of the 12th instant, I may say that this Department is pleased to approve of your suggestion that honour rolls be granted to every pupil who is absent through illness or quarantine, for one or more days in any year, provided

the actual number of days he is in attendance in the year, increased by the number of days he is absent through illness or quarantine, equals or exceeds the total days' attendance made by the pupil of the school, or class, with the best showing in the matter of punctuality and regularity, and provided also he secures a statement from a School Nurse, Public Health Nurse, School Health Inspector, or other physician, certifying that absence from school was due to illness or quarantine.

"Yours very truly,

"(Sgd.) S. J. Willis,

Superintendent of Education."

Last year I had the pleasure of publishing a report made by Dr. Maxwell, Medical Inspector of Schools for Ladysmith, and I am very pleased indeed to supplement that report with a later report which he has given me for the present year. You will note his comment in this of the effect, owing to some local difficulties, of cessation of the dental clinic. The result of this backward step became very noticeable and the clinic is being resumed at that point.

I wish to congratulate Dr. Maxwell on the splendid work which he is doing in connection with the schools.

"LADYSMITH, B.C., July 9th, 1927.

"The Board of School Trustees, Ladysmith, B.C.

"Dear Sirs,—In presenting to you my fourth report on the examination of the schools, I am glad to say that the satisfactory condition which existed last year is again maintained.

"Public School.

"Malnutrition.—Last year there were 28 underweight; this year there are only 23. This can, I think, be attributed to the special instruction given by Miss Hewertson and the interest taken by the children in watching their weight.

"The other day I met three little children coming out of school and I asked them if they had been having exams. They said, 'Yes.' I said, 'What marks did you get?' One said, 'I was 72 and last time I was only 68! I have gained 4 lb.!' and her face was radiant. The other two were equally pleased and all were obviously more enthusiastic over their physical than their mental development.

"Defective Vision.—This refers to those cases which have not been corrected by glasses. Last year there were 17; this year only 9.

"Adenoids and Tonsils.—Grouping the two together, there were 136 cases last year and this year there are only 52. Very soon there will be no children in Ladysmith with enlarged adenoids and unhealthy tonsils.

"Defective Teeth.—Last year there were 67 children with defective teeth; this year there are 173. Of these, 93 are cases where the primary teeth only are affected.

"I think it is most instructive that in 1925 there were 153 cases of defective teeth; then in 1926 there was a dental clinic and at the time of my examination there were only 67 cases of defect. The dental clinic was stopped and this year there are 173.

"I feel sure that, if a satisfactory arrangement can be made, the starting again of a dental clinic will not only make a material difference to these figures, but will be greatly to the advantage of pupils and parents alike.

"Goitre.—There has been a great improvement in this condition since last year, when there were 31 cases of enlarged thyroid. This year there are only 2 bad cases, 8 slight, and 14 very slight.

"There were no cases of any infectious or contagious disease."

"I would like again to draw the attention of the trustees to our health report.

"My annual health report to the Provincial Health Officer commences on July 1st and ends on June 30th. During the last period there was only one case of an infectious disease, coming under the 'Infectious Diseases Act,' and that was a case of erysipelas. This indeed constitutes a record and beats last year's previous record.

"This year we had, as you know, a mild epidemic of smallpox in the vicinity. We were fortunate in only having two cases in Ladysmith.

"HIGH SCHOOL.

"The only comment on this school which is of interest is again the subject of teeth. Last year there were 52 children with perfect teeth and 16 with defective teeth. This year there are only 47 with perfect teeth and 20 with defective teeth.

"Yours faithfully,

"(Sgd.) H. B. MAXWELL,

Health Inspector."

QUEEN ALEXANDRA SOLARIUM.

Last year we published the first report issued by the Solarium, which explained fully the objects of the institution. The patients had not been received at the time of this report.

I am very pleased indeed to publish the following report of Dr. Cyril Wace, Medical Superintendent, of the progress that has been made since patients have been admitted.

The work carried on there is in the very best of hands. Dr. Wace has given up all other work to assume the office of Physician in Charge, and under his able management the results are just what we expected and a description of the work as carried on follows.

The following is a full report of the Solarium:-

" H. E. Young, M.D., C.M., LL.D.,

Provincial Health Officer, Victoria, B.C.

- "Dear Sir,—A year ago you very kindly asked me to send you a report on the progress we were making in the establishment of the Queen Alexandra Solarium for Crippled Children at Malahat Beach, V.I.
- "This year I am glad to be able to inform you that the Solarium has been in active operation since March 1st, on which date the first children were admitted for treatment. Sixty-six children have been under treatment and there are to-day (November 30th) thirty-eight patients in the Solarium. Two more will shortly be admitted and twenty-three further application forms for admission have been received.
 - "We can accommodate forty children through the winter and about forty-five in the summer.
- "In the annual report which will be submitted to the directors of the Solarium early next year full details of the cases treated will be given. I will, therefore, now only touch on some of the more general and important aspects of this work.
- "The value of the Solarium in the treatment of the delicate or pre-tubercular child has been amply proved; fifteen such cases have been or are now under treatment and the results in every case have been most satisfactory.
- "Nearly one-half of our patients are suffering from tubercular or other infection of bones, joints, spine, or lymph glands, and some of these are of years' standing. Thirteen are cases of old or recent infantile paralysis or anterior poliomyelitis.
- "The outstanding feature of many of these cases (forty-one in all) is the marked deformity that is present, and while this may be very difficult to avoid in certain cases of arthritis or tubercular disease, it cannot be too often emphasized that, although partial or complete paralysis of a limb or limbs or group of muscles is often inevitable, physical deformity need not occur in cases of infantile paralysis. Such deformities are due either to the activity of unaffected muscle groups in the limb overstretching the partially paralysed and unsupported groups, or to the effect of body-weight on a partially or completely paralysed limb which is not sufficiently braced in the correct alignment of the body as a whole.
- "We have had only two cases of congenital deformity in the sixty-six admitted, which bears out the statement that 'the cripple is made, not born.'
- "I would call attention to the great value of the regular daily school which is held in the Solarium for all children, whether ambulant or bed cases.
- "It is to me increasingly evident that we must in time develop a scheme of technical training in some trade or handicraft for those boys and girls who can never be physically fit for the

ordinary routine and work of life. This is the more necessary in view of the marked bodily deformities and extensive paralysis of limbs we are seeing amongst our patients. Our accommodation does not allow of our admitting boys over 12 and girls over 14 years of age; several applications for admission of older children and adults have been received.

- "Applications for admission have been received from Alberta and Saskatchewan, and I am more than ever of the opinion that the site of the Solarium and climatic conditions at Malahat Beach offer great opportunities in the restoration of health for children from our Prairie and Eastern Provinces.
- "Our definition of a crippled child does not refer only to the child with a physical deformity, but includes any child of suitable age whose 'normal physical activities' are restricted by illness, accident, or from birth. Chronic cardiac disease in childhood benefits markedly by the prolonged rest and open-air life at a Solarium.
- "Thanks to the generous support the Solarium has received, it has been possible to increase our facilities for treatment by the construction of a large sea-water bathing-pool and the installation of the most modern type of violet-ray lamp.
 - "I wish to call attention to the following points in the organization of our work:—
- "No child suffering from tubercular disease of the lungs can be admitted. No mentally defective child or one suffering from fits can be admitted. Acute cases of illness or children requiring operation are not accepted; such cases are better in our general hospitals, but as soon as the convalescent stage is reached the Solarium is an ideal place for the after-care and treatment.
- "No child is admitted except at the request of the doctor in charge of the case, and the Medical Superintendent will at all times welcome the advice and co-operation of the family physician.
- "Our consulting medical and surgical staff are always most willing to help us with their experience and advice.
- "The general health of the children has shown great improvement and a considerable gain in weight has been a marked feature in almost all cases.
- "I have already referred to the great need of a thorough scheme of technical training for the physically disabled and incurable child to establish him in helpful and remunerative work and save him from a lifetime of dependence on others. No work for the crippled child can be complete or satisfactory that does not recognize an ideal which may be summed up in the words 'get him early and see him through.'

"I have, etc.,

"C. Wace, Secretary and Medical Superintendent, Queen Alexandra Solarium."

This is the first report which shows results, and it will, I know, be very pleasing to the members of the Women's Institutes to read this and to find that their efforts are bringing health and happiness to many children who, without this, would have been condemned to a lifelong misery. They are being brought back to that heritage that belongs to all children—health, the right and ability to work—making a marked contrast to the dreary outlook of a helpless cripple, with all hope of enjoyment in life absolutely denied.

OPEN-AIR SCHOOLS.

"Preventive measures" is the key-note of all our work in connection with the children, and this is being carried on through different agencies, and the results obtained in the open-air schools, which are under the management of Miss Elizabeth Breeze, Head School Nurse of the Vancouver schools, are demonstrating the benefits of the application of natural methods in correcting defects.

Last year we published the first report of the open-air schools as carried on in Vancouver, and I am very pleased to supplement that by a report which we have received from Miss Breeze for the work during the past year. Miss Breeze says in her covering note to us that "they do feel that the school is highly beneficial to the pupils and good results are being secured."

"OPEN-AIR SCHOOL, VANCOUVER, B.C.

"The open-air school has now been in operation for a year and a half, and we feel it has passed the experimental stage and that the results obtained demonstrate very tellingly its value to the school system and the community. As the number that can be cared for in the school is small, our policy is to return the children to the regular class-rooms as soon as their improved condition warrants it, thus giving opportunity to others. With this in view, all the pupils were given a complete physical examination at the beginning of the year, with the result that twenty-two, almost one-third of the school, were recommended for return to the regular class-room. In addition to these, ten pupils left the city and one entered high school. These vacancies were filled from the children on the waiting-list and thus we started the year with about 50 per cent. new pupils.

"The pupils are selected by the School Medical Officer and are children found to be in poor physical condition, severely run down, undernourished, and generally debilitated. No open case of tuberculosis is permitted in the school, though contacts are received. In order that children have every chance, all remediable defects receive treatment before pupils are enrolled; thus all possible handicaps are removed and they are free to gain.

"The school programme has been followed as originally planned, with a few slight variations. The mid-morning and mid-afternoon nourishment, the hot meal at noon, the supervised rest-hours, the organized play and special physical exercises, and the effort made to secure good home co-operation have all done their part in contributing to the results secured. Special emphasis is placed on health education and its application to daily life. This we feel is most essential if our work is to carry over into adult life.

"During the year eighty-nine children attended the school. The following indicates the nationalities from which they were drawn: English, 45; Scotch, 13; Irish, 3; Canadian, 23; Italian, 1; Swedish, 1; Polish, 1; French, 1; American, 1.

"Only two pupils showed a loss of weight during the year. One of these had a heart condition and had been in the school a short time when the report was made. The other child also was in for so short a time that we felt a fair trial was not made.

"The following is the term report:—

Number of pupils	89
Diagnosis—	
Malnutrition	41
Anæmia	17
Enlarged glands	1
Family case	5
Pre-tubercular	4
Other causes	21
Number gaining	87
Number losing	2
Total gain (lb.)	514
Total loss (lb.)	$4\frac{1}{2}$
Average gain (lb.)	5%
Largest gain (lb.)	183/4
Largest loss (lb.)	$2\frac{1}{2}$
Number physically benefited	89

"Our enthusiasm for our open-air school is still great and we feel that it is doing the work for which it was planned and, though small, is giving to many a chance for a healthy, happy life which would otherwise probably be denied them."

The reports of the school medical examination show that there were 8,232 more pupils examined than last year.

Details of the examination for each school follow.

I have, etc.,

H. E. Young,

Provincial Health Officer.

SCHOOLS INSPECTED.

Medical Inspectors: 160.

Reports from Medical Inspectors: 160.

HIGH SCHOOLS.

High Schools. 1925–26, 71: Reported, 43; not reported, 28. 1926–27, 73: Reported, 50; not reported, 23.

Pupils inspected: 1925–26, 7,861; 1926–27, 9,368, an increase of 1,507.

GRADED CITY SCHOOLS.

Cities. 1925–26, 33: Reported, 29; not reported, 4. 1926–27, 33: Reported, 33; all reported. Pupils inspected: 1925–26, 35,653; 1926–27, 39,882, an increase of 4,229.

RURAL MUNICIPALITY SCHOOLS.

Municipalities. 1925–26, 26: Reported, 24; not reported, 2. 1926–27, 26: Reported, 25; not reported, 1.

Pupils inspected: 1925–26, 26,547; 1926–27, 28.130, an increase of 1,583.

RURAL AND ASSISTED SCHOOLS.

Schools inspected: 1925-26, 616, at a cost of \$14,120.75; 1926-27, 657, at a cost of \$15,245.

Schools not inspected: 1925-26, 83; 1926-27, 56.

Pupils inspected: 1925–26, 16,748; 1926–27, 17,661, an increase of 913. Cost of inspection per pupil: 1925–26, 84 cents; 1926–27, 86 cents.

Percentage of defects: 1925-26, 100.65; 1926-27, 101.97, an increase of 1.32.

STATISTICAL TABLES.

NORMAL

Name of School.	Medical Inspector.	School Nurse.	No. of Pupils enrolled.	No. of Pupils examined.	Malnutrition.	Defective Mentality.	Defective Vision.	Defective Hearing.	Defective Nasal Breathing.	Adenoids.	Enlarged Tonsils.
Vancouver			201	207	3		5 25	4	5	13	24 5
										ні	GH
Abbotsford	J. G. McCammon		139 291 229	37 135 280 232	1		 4 13 11	1 36	5	2 3 7	5 9 18 50
Courtenay	J. McKee		10 67	10 60			8		2	11	2 11
Cranbrook	A. A. King		156 44 71	155 44 71	2		18	2	1	3	9 3
Fernie	J. S. McCallum	Miss Morrison Miss J. Dunbar	74 120	74 120 85	16		2 3		1	1	5 13 3
Granby Bay	M. G. Archibald	Miss A. J. Duncan	32 190 116	32 188 110	$\begin{bmatrix} 3 \\ 32 \\ 2 \end{bmatrix}$		5 6		1	1	8 12 4
Kimberley			33	33			2	• • • •	1	1	2
Ladysmith Langley Maple Ridge: Maclean Matsqui:	H. B. Maxwell B. B. Marr G. Morse		76 88 77	76 64 71	7		3 5 3		••••		2 3 5
Dennison Matsqui Merritt Mission City Nelson Nanaimo	A. J. Stuart	Miss M. E. Kerr	17 34 59 65 231 242	14 31 56 57 231 237	2		4 1 6 35 29	7	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 4 10 28 54
New Westminster: Duke of Connaught	D. A. Clark	Miss A. Stark	357	357	10		14			4	40
Ocean Falls	A. E. H. Bennett		26	26	2		1		• • • •		1
Peachland	Wm. Buchanan		20 241	20 255	5		5 19	1	• • • • •		2 13
	· · · · · · · · · · · · · · · · · · ·		538	516	32		57	2	$\begin{bmatrix} 2 \\ \end{bmatrix}$	2	
Prince of Wa'es			237	229	12		19	• • • •		• • • •	i
Port Coquitlam	J. H. Hamilton.		45 67 175	43 65 170	1		10 7		1 1	1 1	7 5 6
Rossland	W. K. Hall		90 99 96	90 92 79	8		7 17	2	1 1	1 1	5 4 6

SCHOOLS.

Defective Teeth.	Enlarged Glands.	Goitre.	Other Conditions, specify (Nervous, Pulmonary, Cardiac Disease, etc.).	Vermin.	Scabies.	Impetigo.	Ringworm.	Acute Fevers which have occurred during the Past Year.	Condition of Building. State if crowded, poorly ventilated, poorly heated, etc.	Closets. State if clean and adequate.
39 7	3	23 17	Eczema, 8; cardiac, 5; nervous break-downs and chorea, 10 Acne, 2							

SCHOOLS.

12		8	Cardiae, 1					Measles	Good	Adequate
36 56	$\frac{1}{2}$	13 29	Corrected vision, 8 27					• • • • • • • • • • • • • • • • • • • •	11	Yes.
32	4	49	Corrected vision, 27 Puruleut ear, 2; closed eusta-						First class	Good.
			chian, 1; congenital short femur, 1; infant paralysis, 1							
1			intart pararysis, 1							Clean.
5		74	Orthopædie, 1					Chicken nov 3: whoon	paired Crowded : poorly	О.К.
ر.		17	Cardiac, 2				1	ing-cough, 3	ventilated	O.R.
4	4	13	Cardiac, 2 Skin-disease, 2; nasal obstruc-						Good	Clean: adeque
.U	4		tion, 2	. 					O.K	Olean, adequa
0	2	15						Compan mondog 24	Cood	Closu
2 8		$\frac{15}{2}$						German measies, 54	Not crowded; well	Clean; adequa
									ventilated and	*
30		23							heated O.K.	O. K.
6	1	1				1			Good	Clean; adequa
8	26	19	Old fractured dislocated lumbar area					Measles, 2	Satisfactory	11
1	4	37						Mumps, 4; German	Basement rooms	Excellent.
6	1	7	Cardiae, 3; lungs, T. B.; bronchi-					measles Chicken-pox, 4; German	poorly ventilated.	Modern; ade-
U	1	'	tis, chronic, 2; curvature of			• • • •		measles, 8	DAGCHERO	quate; sani-
			spine, 1; flat feet, 3; chorea, 1; dysmenorrhæa, 3							tary.
2		1	1, dysmenorinea, 5					Rubella	Should have a sep-	Clean; adequa
Δ.			Orthopædie, 1		1	1			anata ignitar	
3	3	1	Orthopædie, 1					Measles, 14	Good	ies.
-					1					
7										
4										
7 9		7				• • •			Satisfactory	F 1
9 8	2	6						Measles, 8	Very satisfactory.	Clean; adequa
\S 4			V.D.H , 3 Anæmia, 1 ; asthma, 2 ; ca-			2		Vaccinated, 202; small-	Good	Yes. Adequate; clea
·*		13	tarrh, 4'; postural defects, 5;			-		pox, 5	good; no over-	nacquare, ore
			deviated septum, 1; appen-						crowding; venti-	
			dicitis, 2						lation good	
1	6	69	Orthopædie, 4; heart, 14; pul-							
			monary, 1; uervous, 1; ane-							
1	2	5	mic, 2 Cardiac, 4						Excellent, well	Clean; adequa
			,						ventilated and	· · · · · · · · · · · · · · · · · · ·
2		18							heated Satisfactory	11
										Cood
0	2	• • •	Adolescent goitre, 72; cardiac, 14; orthopædic, 11; anæmia,			1		Diphtheria, 1; German measles, 23	Good	Good.
			1					·		
4	4	• • • •	Adolesceut goitre, 119; nerv- ous, 1; cardiac, 28; ortho-		1	3		German measles, 90	11	11
			pædic, 24; anæmic, 5					7 (1		
.6	3		Adolescent goitre, 55; cardiae, 12; anæmic, 4; orthopædic,	• • •	1	• •		Mumps, 1; German mea- sles, 35	11	11
			9						C 1: 6 1	(9)
6 9	1	4 18	Orthopædic, 1; cardiac, 1				• • • •		Satisfactory	Clean; adequa
		7	Orthopædic, 1					Scarlet fever	Excellent	
1		10							Crowded	Clean
$\begin{vmatrix} 1 \\ 3 \end{vmatrix}$	6		Cardiac, 2						Good	Good.

HIGH

Name of School.	Medical Inspector.	School Nurse.	No. of Pupils enrolled.	No. of Pupils examined.	Malnutrition.	Defective Mentality.	Defective Vision.	Defective Hearing.	Defective Nasal Breathing.	Adenoids.	Enlarged Tonsils.
Smithers	F. S. Eaton	Miss M. Campbell.	23 150 240 -767	23 133 240 798			16	1 2	1 4		4 3 6
King Edward		n	724 424	766 503			9 12	1			4 2
Kitsilano School of Commerce Technical		11	464 485 398	426 504 187			9 2 6	 2 1			5 1
Vancouver, South:	G. A. Lamont		836	833			34			• • •	8
Vancouver, North	F. Stainsby		335 125 140	251 125 134	2		31 2	2	18	18	18 25

GRADED CITY

Alberni		Miss P. Charlton	118 547	113 557	41	7	34	16	3	1 40	22 89
Chilliwack	J. C. Henderson		314 263	334 243	8 2	25 1	24 20		21 3	48 96	46 96
Cranbrook: Central Kootenay Orchards South Ward Cumberland	G. E. L. MacKinnon G. K. MacNaughton		600 13 55 464	578 13 55 444	105	6	38 1 2 61	8	20	18	91 5 22 115
Duncan	H. N. Watson	Miss I. Jeffares	453	437	36	. 5	31	ಣ	40	46	90
Enderby	H. W. Keith		151	125		••••	19	• • •	6	6	35
Annex	W. Truax	11	68 560 64 306	68 560 64 306	106 2 2	1 1 1	$\begin{array}{c} 1\\32\\1\\10\end{array}$	1 3 1 1	6 14 3 16	6 14 3 8	8 142 10 30
Greenwood	A. Francis		80	78		•••	5			1	13
v	M. G. Archibald		283	281	52		4	2	••••	3	32
Stuart Wood			458	453	108	••••	4	4	• • • •	$\frac{2}{2}$	49
Kaslo			125	122	• • • •	2	11		18	18	29
Kelowna	W. J. Knox		695	65 2	36	8	23	6	29	19	26
Ladysmit'ı	H. B. Maxwell	Miss Hewertson	329	329	23	1	9	4	5	11	41

SCHOOLS—Continued.

Defective Teeth.	Enlarged Glands.	Goitre.	Other Conditions, specify (Nervous, Pulmonary, Cardiac Disease, etc.).	Vermin.	Scabies.	Impetigo.	Ringworm.	Acute Fevers which have occurred during the Past Year.	Condition of Building. State if crowded, poorly ventilated, poorly heated, etc.	Closets. State if clean and adequate.
2	1	2.	The decrease of the same				•••		Good	Yes.
13	6	15 23	Endocarditis, 1 Cardiae, 3; pulmonary, 1	• • •			• • • •	Measles, rubella	Good	Yes.
241		14	Vaccinated, 495; cardiac, 1					Scarlet fever, 2; measles, 2; German measles, 45;	• . , • • • • • • • • • • • • • • • • •	
204	• • • •	11	Vaccinated, 491; cardiac, 1		• • • •	• • •		chicken-pox. 3		
112		9	Vaccinated, 298	• •		• • • •		Diphtheria, 1; measles, 6; scarlet fever, 1;		
103		6	Vaccinated, 286; cardiac, 1					German measles, 16 German measles, 27; measles, 2		
155		6	Vaccinated, 304					Mumps, 2; measles, 2; German measles, 18		
70		5	Vaccinated, 106	• • • •				Scarlet fever, 2; German measles, 6		
193	1	33	Vaccinated, 2; home visits, 2			1	• • • •	Scarlet fever, 2; measles, 4; rubella, 48; mumps,	Heating fair	Satisfactory.
17			Exophthalmic goitre, 2; res-					No epidemic	Good	Clean; adequate.
50 1	45	1 4	piratory disease, 1 Cardiac, 1 Pulmonary, 1; cardiac, 1; nervous, 2			9		Influenza 12; mastoid, 1	Excellent	Yes. Clean; adequate.

SCHOOLS.

47 202	21	33 162	Chorea, 4; cardiac, 2; Bright's disease, 1; toxic goitre, 2; congenital deformity of hipbone, 1; harelip and cleft	6		4	Mumps, 20; German mea- sles, 1	Good	Good. Adequate; clean.
35 107		49 33	palate, 1 Cardiac, 2; orthopædic, 1	 •••			Smallpox, 4; measles, 12	Good Crowded; poorly ventilated	O. K.
79 1 10 328	183	19	Pulmonary, 2; wax in ears, 129; nasal catarrh, 48; nasal obstruction, 18; anæmia, 42;	 				11	11
77	56	5	nasal infection, 1; stammering, 2; cleft palate, 3; skindisease, 28 Cardiac, 4; kyphosis, 2		9	5	Chicken-pox, 15; whooping cough, 41; scarlet fever, 3; diphtheria, 5; conjunctivitis, 13; rubella, 7	Good	Clean; inadequate.
35	1	16	Mitral disease, 1	 • • • •		'		11	Yes.
12 150 6 48	2 3 1 18	10 211 12 5	Scarlet fever, 1; measles, 3; diphtheria, 1; chicken-pox, } 12 Heart-trouble, 2				Mumps, measles	O.K	O.K.
6	72	62	Cardiae, 4						adequate
66	21	31	Pulmonary, 2; orthopædic, 2; nervous, 2	}			Scarlet fever, 20; chick- en-pox, 5; typhoid, 1;		
85	45	43	Cardiac, 2; orthopædic, 1	 			German measles Scarlet fever, 29; chick- en-pox, 4; typhoid, 1		11
31	1	109	Asthma, 1; spine, 1; anæmia,	 					Yes.
78	16	37	2; varicose veius, 1 Chorea, 13; cardiac. 7; flat feet, 7; bronchitis, chronic, 9; pul- monary T. B., 3; curvature of spine, 5; squamous eczema of		3	1	Chicken-pox, 28; scarlet fever, 3; German mea- sles, 21	Excellent, but most of the class-rooms over-crowded	Modern; sani- tary; adequate.
173	••••	2	face, 11 Orthopædic, 9; eczema, 2; car- diac, 4; goitre, very slight, 14	 		••••		Efficient	Yes.

GRADED CITY

Name of School.	Medical Inspector.	School Nurse.	No. of Pupils enrolled.	No. of Pupils examined.	Malnutrition.	Defective Mentality.	Defective Vision.	Defective Hearing.	Defective Nasal Breathing.	Adenoids.	Enlarged Tonsils.
Merritt	G. H. Tutill		339	321	2		19	2	6	5	79
Nanaimo : Middle Ward	W. F. Drysdale	Miss M. E. Kerr	153	152	37	2	31	2	8	7	27
North Ward	"		149	148	16	1	16	3	5	12	37
Quennell	11	11	639	639	98	1	61	8	21	37	167
							:				
South Ward	"	ı,	69	69	13	1	9	1	2	5	15
Nelson:	E. C. Arthur		000	000			704		7.4	1.0	1.40
Hume			696	696	3	3	104	6 5	14	16 4	143
New Westminster:											
Central	D. A. Clark	Miss A. Stark	893	878	149	2	25	2	3	153	151
Lister-Kelvin			670	657	109		30	3	3	113	111
Richard McBri le			510	498	80		16	2	2	96	95
Queensborough Herbert Spencer	11	11	101 495	96 494	14 73	1	8 15	1	1 6	16 89	16 87
Port Alberni	C. T. Hilton		271	238	11	4	32		28	2	62
Port Coquitlam: Central James Park Port Moody	W. Sager		172 85 281	170 82 229	11 5 4	3	6 2 7	3 2	5 1- 12	17 6 17	46 36 28
Prince George	C. Ewert		320	312	3	4	16	9	33	33	67
Prince Rupert:	H. E. Tremayne		47.5	410		-	10				97
Borden Street Seal Cove	u	•	$\begin{vmatrix} 415 \\ 291 \\ 64 \end{vmatrix}$	410 282 60		1	$\begin{bmatrix} 10 \\ 2 \\ \dots \end{bmatrix}$				$\begin{array}{ c c }\hline 27\\ 16\\ 1\end{array}$
Revelstoke: Central Selkirk.	J. H. Hamilton		304 300	280 290			3 4		12 16	12 20	19 25
Rossland			513	426	5	2	32	7	11	11	51
Salmon Arm	Alan Beech		192 62	153 61	23	1	45 7	1	1	11	61
Trail:	F. S. Eaton		810	719	206		102	21	62	36	40
N											
East Trail			240	221 30	16		22 [†]	6 1	14	9	12
			10	30	4	• • • •		I	2	Z	4

										•
Defective Teeth.	Enlarged Glands.	Goitre.	Other Conditions, specify (Nervous, Pulmonary, Cardiac Disease, etc.).	Vermin.	Scabies.	Impetigo.	Ringworm.	Acute Fevers which have occurred during the Past Year.	Condition of Building. State if crowded, poorly venti- lated, poorly heated, etc.	Closets. State if clean and adequate.
99	27	35	Cardiac, 2	4		2	1	Epidemic of measles, fall of 1926, about 300 cases	Satisfactory	Yes.
129	12	5	Marked pallor, 2; pyorrhæa, 1; postural defects, 2; cardiac, 1, bronchitis, 1; appendicitis,	12	2	11	1	Measles, 14; smallpox, 2; scarlet fever, 1; chicken-pox, 6; whooping-	Heating fairly good; ventilation fair	Adequate; fair.
87	30	5	2; vaccinated, 137 Marked nervousness, 1; pallor, 2; malocelusion, 3; eczema,	2	2	19	2	cough, 1 Smallpox, 1; diphtheria, 1; measles, 6; scarlet	Heating good; ven- tilation fairly	11
375	73	72	1; blepharitis, 8; postural defects, 4; vaccinated, 119 Marked pallor, 11; postural defects, 8; asthma, 1; chronic kidney, 2; bronchitis, 1; conjunctivitis, 3; pyorrhæa, 4; eczema, 2; faulty speech, 2; St. Vitus, 1; marked nervousness, 5; malocclusion, 7; vaccinated, 524; blepharitis, 31;	3	5	57	1	fever, 2; chicken-pox, 1 Smallpox, 17; chicken- pox, 11; scarlet fever, 4; diphtheria 3; mea- sles, 3	good; no over- crowding No overcrowding; heating good; fairly good ven- tilation	Adequate ; clean.
61	7	1	rheumatic fever, 1; pneumonia, 2 Marked pallor, 2; malocclusion, 2; blepharitis, 11; nervous, 2; faulty speech, 1; vaccinated, 60		4	7	1	Measles, 21	Heating and venti- lation good	Adequate ; excellent.
419	4	286	Chorea, 1; V.D.H., 3; nervous,	3	3	3			Good	Yes.
147	• • • •	90	1		1	3			All rooms some- what over- erowded	tt
449	96	96	Orthopædie, 15; heart, 20; pulmonary, 4; nervous, 2; anæmic, 6							
315	191	73	Orthopædic, 17; heart, 10; pulmonary, 1; nervous, 2;					(Measles, 342; mumps,)	
288	160	57	anæmic, 3 Orthopædic, 14; heart, 8; nervous, 2; anæmic, 2; pulmonary, 2	•••				10; pertussis, 6; scar- let fever, 7; chicken- pox, 10; diphtheria, 1; German measles, 38		
60 219	28 137	47	Orthopædic, 1; heart, 1 Orthopædic, 7; heart, 9; nervous, 2; anæmic, 1; pul-					•		
48	4	116	monary, 4 Nervous twitching, 1; anæmic, 4; healed T.B., 1					Whooping-cough	Good	Yes.
29 28 21	2 4 2	7 11 18	Cardiac, 3; nervous, 2 Nervous, 1 Cardiac, 3; chronic T.B. bone, hip, 2		11			Measles, chicken-pox Chicken-pox Measles, 70; whooping- cough, 2; chicken-pox,	11	Clean; adequate.
146	4	65	Blepharitis, 1; conjunctivitis, 1; cardiac, 1; orthopædic, 1, nervous, 1		• • • •		1	3; mumps, 6 Diphtheria, 1	Good, except crowded and poor ventilation in former library- room	11
6		21						Scarlet fever, chicken- pox, mumps		
3 4		19 5								
20 20		6 12						Measles, scarlet fever Measles, scarlet fever	Good	Good.
153	45	59	Hernia, 1; cardiac, 3; ortho- pædic, 6	1		1				11
66	8	18 7	Cardiac, 2; pulmonary, 2 Cardiac, 5; blepharitis, 1					Influenza	Excellent	Clean; adequate.
306		308	Cardiac, 6; chorea, 2		2	3	2	Measles, 220; pertussis, 2; mumps, 12; chicken-pox, 62; scarlet fe-		Yes.
56	4	26	Cardiac, 6; chorea, 2	2	5	4	2	ver, 2 Mumps, 6; chicken-pox,		TT .
8	1	6	Cardiac, 1					13; measles, 22 Weasles, 6; chicken-pox,		11
								9		

GRADED CITY

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Name of School.	Medi	ical Inspector.	School Nurse.	No. of Pupils eurolled.	No. of Pupils examined.	Malnutrition.	Defective Mentality.	Defective Vision.	Defective Hearing.	Defective Nasal Breathing.	Adenoids.	Enlarged Tonsils.
ouver; berdeen	H. White		Miss M. Campbell.	488	499	78		2	6	2	4	31
lexandra	11		Miss V. B. Stevens	6 56	650	146	• • •	5	10	2	8	39
ayview	11		Miss D. Shields	383	426	71	•••	4	7	• • • •	1	22
eaconsfield	11		Miss I. Smith	554	530	103		6	5		• • •	17
lock 70	1.5		Miss M. D. Schultz	110	113	4		1			2	7
entral	11		Miss A. McLellan .	561	623	82	••	10	4	3	4	38
awson	11		Miss H. Jukes	989	967	198	• • • •	28	1	1	3	57
harles Dickens	11		Miss O. Kilpatrick.	563	626	68		7	1	2	4	47
airview	11		Miss D. Bellamy	529	438	67		6	4		2	13
ranklin	17	•	Miss M. D. Schultz	404	388	80		4	2	2	2	24
imon Fraser	11		Miss O. Kilpatrick	609	616	66		9	2	,	•••	28
eneral Gordon	17		Miss D. Shields	814	828	134		3	1	1	2	30
randview	11		Miss L. Drysdale.	610	531	84		4	3		3	28
renfell	u		Miss M. D. Schultz	137	144	8		9	4		5	24
lastings	11			985	867	168		6	1	3	7	50
Ienry Hudson	11				610	121		7	4	1	1	32
	berdeen	herdeen	berdeen H. White	Miss M. Campbell.	berdeen	Development H. White	Miss M. Campbell. 488 499 78 78 78 78 78 78 78	December H. White Miss M. Campbell 488 499 78	Description	Miss M. Campbell. 488 499 78 2 6	December H. White Miss M. Campbell 488 499 78 2 6 2	Miss M. Campbell. 48S 499 78 2 6 2 4

Defective Teeth.	Enlarged Glands.	Goitre.	Other Conditions, specify (Nervous, Pulmonary, Cardiac Disease, etc.).	Vermin.	Scabies.	Impetigo.	Ringworm.	Acute Fevers which have occurred during the Past Year.	Condition of Building. State if crowded, poorly venti- lated, poorly heated, etc.	Closets. State if clean and adequate.
130	7	18	Vaccinated, 241; pulmonary, 1; cardiac, 2				. • • •	37; German measles, 76; chicken-pox, 5; diphtheria, 4; diphthe- ria carriers, 4; whoop-		
138	3	17	Vaccinated, 297	•••	• • • •			90; German measles, 169; chicken-pox, 2; diphtheria, 2; diphthe- ria carriers, 3; whoop-		
50	1	13	Vaccinated, 243					measles, 96; diphtheria carriers, 1; whooping-		
108	1	13	Vaccinated, 237; pulmonary, 2					cough, 2; measles, 55 Scarlet fever, 1; German measles, 102; measles, 7		
5	*		Vaccinated, 39; cardiac, 1					measles 3; diphtheria, 1; measles, 8		
113	6	25	Vaccinated, 383; pulmonary, 2; cardiac, 1					measles, 31; mumps, 4; measles, 30; diphtheria, 1; chicken-pox, 7; whooping-cough, 4		
87	3	5 5	Vaccinated, 541; cardiac, 4					Scarlet fever, 2; German measles, 26; mumps, 3; measles, 158; diphtheria, 2; chicken-pox, 4; whooping-cough, 18		
123	3	11	Vaccinated, 345; pulmonary, 1					Scarlet fever, 4; German measles, 67; mumps, 1; whooping-cough, 9; measles, 21; chickenpox, 59		
103	•••	10	Vaccinated, 225					Scarlet fever, 1; German measles, 18; measles, 14; mumps, 1; chicken-pox, 15		
59		7	Vaccinated, 202		* * *			Scarlet fever, 2; German measles, 6; diphtheria carriers, 4; diphtheria, 6; mumps, 1; measles, 41; whooping-cough, 1		
101	2	10	Vaccinated, 322; pulmonary, 2					Scarlet fever, 4; German measles, 76; measles, 77; chicken-pox, 7; diphtheria, 2; whoop-		
103		23	Vaccinated, 510; pulmonary, 2					meastes, 127; mumps, 8; diphtheria carriers, 5; meastes, 98; whooping-cough, 1; chicken-		
76	1	20	Vaccinated, 270				••••	Scarlet fever, 5; German measles, 154; measles, 47; diphtheria carriers, 1; whooping-cough, 1; chicken-pox, 2; diphtheria, 4		
26		8	Vaccinated, 86					Diphtheria, 1; measles, 14; German measles, 52; whooping-cough, 1; Chicken-pox, 10		
145	2	15	Vaccinated, 427; pulmonary, 2; cardiac, 1					les, 64; German meas- les, 180; diphtheria, 5; diphtheria carriers, 2; mumps, 6; whooping- cough, 3		
120		13	Vaccinated, 464	• • •				Scarlet fever, 3; measles, 23; German measles, 106; whooping-cough, 3; mumps, 2; chicken- pox, 5; diphtheria, 1		

GRADED CITY

Name of School.	Medical Inspector.	School Nurse.	No. of Pupils enrolled.	No. of Pupils examined.	Malnutrition.	Defective Mentality.	Defective Vision.	Defective Hearing.	Defective Nasal Breathing.	Adenoids.	Enlarged Tonsils.
Vancouver—Continued. Kitsilano	H. White	Miss D. Shields	457	475	53	- • • •	4	1		2	31
Livingstone	1'	Miss O. Kilpatrick	423	439	41	• • • •	8	1		4	22
Model	11	Miss D. Bellamy	498	515	55	• • •	2	2	1	5	18
Mount Pleasant	11	Miss O. Kilpatrick	746	763	73		7	1	1	2	26
Macdonald	11	Miss L. Drysdale	689	594	85	• • • •	2	2		1	31
Lord Nelson	H	Miss I. Smith	948	955	177		12	4	2	5	26
Florence Nightingale	и	Miss V. B. Stevens	708	685	104		6	2	4	7	29
Open Air	н	11	68	133			2	5	4	1	12
Cecil Rhodes	11	Miss D. Bellamy	595	493	91		2	2		5	15
Lord Roberts		Miss H. Jukes	961	942	213		22	9	• • • •	• • •	57
Laura Secord	М	Miss I. Smith	624	617	101		3	1	3	1	33
Seymour		Miss L. Drysdale	927	793	100		4	1		6	66
Stratheona	H	Miss A. McLellan .	1249	1279	141		11	1	3	10	5
Lord Tennyson		Miss D. Bellamy	748	692	98			4	1	4	
Junior High Vancouver North: Lonsdale Queen Mary	H. Dyer		184 453 571	157 385 435	19	1	26 39	6 6	59 80	59 80	59 80
Ridgeway			521	519	8	2	42	11	73	73	73

Defective Teeth.	Enlarged Glands.	Goitre.	Other Conditions, specify (Nervous, Pulmonary, Car- diac Disease, etc.).	Vermin.	Scabies.	Impetigo.	Ringworm.	Acute Fevers which have occurred during the Past	Condition of Building. State if crowded, poorly venti- lated, poorly heated, etc.	Closets. State if clean and adequate.
70		22	Vaccinated, 238			••.		Scarlet fever, 3; German measles, 81; measles, 49; mumps, 3; chicken pox, 7; diphtheria, 2; diphtheria carriers,		
88	1	15	Vaccinated, 225; pulmonary, 2; cardiae, 2			••••		Scarlet fever, 15; chick- en-pox, 11; diphtheria, 2; whooping-cough, 1; measles, 48; German		
149	3	8	Vaccinated, 352; pulmonary, 2			• • •		measles, 63 Scarlet fever, 1; measles, 25; German measles, 21; chicken-pox, 13; diphtheria, 2; whooping-cough, 2; diphthe-		•••••
161	5	25	Vaccinated, 357; pulmonary, 1				• • • •	riz carriers, 1 Scarlet fever, 1; measles, 66; German measles, 72; mumps, 16; chick- en-pox, 9		
132	1	14	Vaccinated, 267					Scarlet fever, 1; measles, 10; German measles, 87; diphtheria carriers, 2; diphtheria, 2; chick-		
207	1	15	Vaccinated, 421; pulmonary, 2; eardiac, 2					en-pox, 29 Scarlet fever, 8; measles, 47; German measles, 260; whooping-cough, 2; diphtheria carriers, 1; mumps, 2; chicken-		
183		18	Vaccinated, 332					pox, 32; diphtheria, 6 Scarlet fever, 1; German measles, 64; measles, 57; diphtheria carriers, 2; mumps, 24; diphthe- ria, 3; chicken-pox, 3;	•	
17	3	31	Vaccinated, 70; pulmonary, 2; cardiac, 1					whooping-cough, 1 Mumps, 9; German mea- sles, 7; chicken-pox, 3; measles, 1; whooping- cough, 1		
76	1	17	Vaccinated, 315					Scarlet fever, 5; German measles, 2; mumps, 1; measles, 28; chicken-		
60	4	21	Vaccinated, 563; pulmorary, 3					Scarlet fever, 5; German measles, 16; measles, 163; whooping-cough, 20; chicken-pox, 107;		
124		17	Vaccinated, 287; pulmonary, 2					mumps, 18 Scarlet fever, 2; German measles, 108; measles, 35; diphtheria carriers, 2; diphtheria, 1; chick-		
202	3	29	Vaccinated, 487; cardiac, 1					measles, 101; diphtheria, 14; measles, 10; diphtheria carriers, 27; mumps, 2; chicken-		
271	1	25	Vaccinated, 1,136; pulmonary, 2					pox, 2 Scarlet fever, 1; German measles, 19; measles, 44; diphtheria carriers, 3; whooping-couph, 2; diphtheria, 5; chicken-		.,
118	2		Vaccinated, 402					pox, 33 Scarlet fever, 4; German measles, 115; measles, 60; mumps, 3; chick-		
50			Vaccinated, 85					en-pox, 9 German measles, 7		
9 33	5 12	22	Heart, 3; bronchitis, 2 Early exophthalmic goitre, 2; heart, 3; respiratory disease,	5 4	7	3	2 2	Measles, chicken-pox,		
18	19	9	Asthma, 1; heart, 6; early exophthalmic goitre, 3	3		6	3	rubella		

GRADED CITY

Name of School.	Medical Inspector.	School Nurse.	No. of Pupils enrolled.	No. of Pupils examined.	Malnutrition.	Defective Mentali y.	Defective Vision.	Defective Hearing.	Defective Nasal Breathing.	Adenoids.	Enlarged Tonsils.
Vernon	G. Williams	Mrs. S. Martin	730	725	5		20	2	12	12	32
Victoria: Bank Street	D. Donald	Miss E. J. Herbert	137	137		· • • •			•		
Beacon Hill	. "	Miss I. E. Adams	148	148			4				4
Boys' Central	11	Miss E. J. Herbert	318	318		1	12	2			25
Burnside	. 11	Miss C. Mowbray	215	215			6			1	1
Sir James Douglas		Miss E. J. Herbert	473	473	• • • •		3	• • • •			12
Girls' Central	. H		381	381		• • • •	8	2	1		15
George Jay		Miss I. E. Adams .	476	476			25	1			14
Margaret Jenkins	0	Miss E. J. Herbert	292	292		• • • •	6				6
King's Road		Miss C. Mowbray. Miss I. E. Adams.	80 139	80 139	• • • • •		2				7
North Ward	11	Miss C. Mowbray.	369	369			15				• • • •
Oaklands		11	546	546			8		1		5
Quadra Street	11	11	242	242		5	9		• • •		7
Quadra Primary		tt	145	145		• • • •		1	1	2	3
Rock Bay	11	Miss I. E. Adams .	20 311	20 311			15				9
Spring Ridge	"	0	139	139		1	3	• • •			6
Victoria West	"	11	315	315			6	2	1		7

RURAL MUNICIPAL

Burnaby: Armstrong Avenue	11	56 25 237	20	1 1	1 1 7		1 ₃	1 6	4 2 24
Douglas Road Edmonds Street	"	 165 665	165 644	$\begin{bmatrix} \ddots & \ddots & \ddots \\ & 1 & 2 \end{bmatrix}$	6 25	1	4 16	5 23	20 75
Gilmore Avenue	11	 746	746	2 1	25		19	26	95
Hamilton Road Inman Avenue Kingsway, West		30 203 597	30 203 594	$\begin{bmatrix} 3 & 1 \\ 2 & 3 \end{bmatrix}$	8 18	$\begin{bmatrix} \dots \\ 2 \end{bmatrix}$	4 17	4 21	3 22 72
Kitchener Street Nelson Avenue		 175 422	175 403	1 3	3 14		6 11	9 25	23 59
Riverway, East. Riverway, West. Schou Street. Seaforth. Second Street Sperling Avenue Windsor Street.	11	81 23 93 20 84 36 161	23 87 20 84	i i	2		3	6 1 3 1 3 2 8	11 7 3 12 5 20

Defective Teeth.	Enlarged Glands.	Goitre.	Other Conditions, specify (Nervous, Pulmonary, Cardiac Disease, etc.).	Vermin.	Scabies.	Impetigo.	Ringworm.	Acute Fevers which have occurred during the Past Year.	Condition of Building. State if crowded, poorly venti- lated, poorly heated, etc.	Closets. State if clean and adequate.
75		52	Cardiac, 1; blepharitis, 1; stam- mering, 1; seborrhœa, 1	2	2	1	• • •	Scarlet fever, 3; measles, 3; typhoid, 2; chicken- pox, 1; influenza, 28; mastoid, 2	О.К	Clean; adequate.
• • • •			Pulmonary, 1		4	3	• • • •	Chicken-pox, 19; whooping cough, 21; scarlet fever	Good	11
			Deformity of spine, 1		1	2	2	Measles, 7; whooping- cough, 9		11
	1		Pulmonary, 1; cardiac, 3; nervous, 3; defect of chest, 1		3	3		Scarlet fever, 1; measles, 5; whooping-cough, 2; chicken-pox, 7	Good; more light- ing wanted	11
			Cardiac, 1		• • • •	5		Scarlet fever, 1; chicken- pox, 17	Good	11
		2	One other deformity	1	6	4		Scarlet fever, 1; measles, 14; whooping-cough,		11
	4	1	Pulmonary, 1; cardiac, 3; other deformities, 2	2				4; chicken-pox, 3 Chicken-pox, 16; whoop- ing-cough, 4; measles,	tt	11
		-1	Pulmonary, 1; cleft palate, 1; deformity of chest, 1; other deformities, 1	1	8	3	3	Scarlet fever, 2; measles, 7; chicken-pox, 2	11	11
			Pulmonary, 1; cardiac, 1; nervous, 2		2	1	1	Scarlet fever, 3; measles, 12; whooping-cough, 1; chicken-pox, 1		11
			Deformity of chest, 1; other			3 9	1	Measles, 4; whooping-	Old building; clean	11
		1	deformities, 1; cleft palate, 1		3	3	1	cough, 1 Chicken-pox, 1; whoop- ing-cough, 1; measles,		11
• • • •			Nervous, 1; deformity of chest,		1	1	1	Diphtheria, 1; measles, 4; chicken-pox, 9; whooping-cough, 12	Good	11
		2	Nervous, 4; deformity of leg, 1	2		4		Scarlet fever, 1; numps, 1; whooping-cough, 1; chicken-pox, 5		1t
			Pulmonary, 1	1	1	3		Scarlet fever, 1; measles, 32	11	tr
		2	Cardiac, 4; deformity of chest, 1; pulmonary, 1; other deformities, 1	2	2	1 1				11
			Pulmovary, 1; other deformities, 1		5	3	3	Chicken-pox, 39; whooping-cough, 2; measles, 27; scarlet fever, 2	Old building ; new- ly painted ; clean	11
		2	Pulmonary, 1; other deformities, 2		10	7	3	Scarlet fever, 1; mumps, 1; measles, 2; chickenpox, 1	Good	31
						1		P ,		

SCHOOLS.

25	3								Good.		Yes.
9			Orthopædic, 1						11		11
102	24	3	Orthopædic, 1; corrected vision, 8			1			11		11
76	12	3	Corrected vision, 5	3					11		11
300	48	30	Orthopædic, 2; corrected vision, 25			1	2		11		11
343	55		Orthopædic, 1; corrected vision, 27; stammer, 1						11		11
14	1	1	Corrected vision, 2		1				11		11
95	14	10	Corrected vision, 8	1					11		- 11
279	52	13	Chorea, 1; corrected vision, 27; heart, 2				- • • •		†1	* * * * * * * * * * * * * * * * * * * *	11
75	13	3	Corrected vision, 3						11		11
198	32	20	Asthma, 2; corrected vision, 11; orthopædic, 2			-			11		11
38	4	1	Corrected vision, 1						3.4	• • • • • • • • • •	11
10									11		- 11
39	6	2	Corrected vision, 2	8					11		- 11
12									11	• • • • • • • • •	- 11
56	8	1			1			1	11	• • • • • • • • • • • • • • • • • • • •	- 11
14	2								11		11
83	15	8	Heart 1; corrected vision, 3				1		11		1.0

RURAL MUNICIPAL

Name of School.	Medical Inspector.	School Nurse.	No. of Pupils enrolled.	No. of Pupils examined.	Malnutrition.	Defective Mentality.	Defective Vision.	Defective Hearing.	Defective Nasal Breathing.	Adenoids.	Enlarged Tonsils.
			No. enre	No ex	ME	De	De Vi	De	De Br	Ad	関い
Chilliwack: Atchelitz Camp Slough. Cheam	R. McCaffrey		96 29 55	96 29 55	3 1	4	4 2	1 2	11 4 7	19 4 7	24 5 9
East Chilliwack	11		66	66			2		7	7	6
Parson's Hill	R. McCaffrey L. A. Patton R. McCaffrey L. A. Patton		60 37 24 18 77 116	60 37 24 18 77 116	2 1 1	2	2 1 3 4	2	8 2 3 4 12 20	8 3 4 12 20	8 6 5 4 15 18
Sardis . Sumas . Vedder . Yarrow .	1 11		153 38 8 22	153 36 8 22	4 1 1	2	10 2		6 2 2 3	18 3 2 3	18 3 2 3
Lavington			66 34	64 32	2		3		2 3	6 5	7
Central Glen Maillardville	11		37 49 17 114	34 46 13 107	$\begin{bmatrix} 2\\1\\2 \end{bmatrix}$		1 	1	2 2 1	3 2 5	3 2 5
Silver Valley		••••	10	6					1	1	1
Victoria Drive		Miss Naden	14	13 134	2	• • • •			1 10	1 8	1 9
Crofton	11	11	26 19	24 18			$\frac{3}{2}$		4	4	5
Delta:	A. A. King		18 21 36 15 26 14 29	17 15 31 14 24 13 29 209	1 1 1 2 3 1 9	2 3 2	2 1 2 2 5 16	1 1 2 1	6 4 1 3 2 9	6 4 4 4 19	9 2 7 6 5 7 8 35
Mosher Siding Sunbury Trenant Westham Island Esquimalt:	#		13 56 33 24	13 51 31 23	3 2	1 2 4	1 1 1 3	1	2 2 2 9	2 5 6 9	3 11 7 9
	J. S. McCallum	Miss Morrison	504	504	12	4	8	3	15	15	67
Kent: Agassiz Harrison River Langley:	P. McCaffrey		159 22	134 12	1 1	$\begin{bmatrix} 2 \\ 1 \end{bmatrix}$	15	16 4	53 7	77	77 7
Aldergrove	B. B. Marr		49	46		1	3		,		4
Belmont County Line Glen Valley Glenwood Langley, East Langley Fort Langley Prairie	11		22 53 25 31 14 84 148	19 54 23 19 14 78 125		1			2	2	$\begin{array}{c} 2 \\ 7 \\ 2 \\ 1 \\ \dots \\ 2 \\ 10 \end{array}$
Langley, West. Milner. Murrayville Otter Otter, South Patricia Sperling. Spring brook	11		72 82 130 52 22 25 29 23	59 78 124 49 19 23 25 21	2	1	11 5 1		1	1 2 1	8 6 11 7 1 5 3 6
						1			1		

1

SCHOOLS—Continued.

Defective Teeth.	Enlarged Glands.	Goitre.	Other Conditions, specify (Nervous, Pulmonary, Cardiac Disease, etc.).	Vermin.	Scabies.	Impetigo.	Ringworm.	Acute Fevers which have occurred during the Past Year.	Condition of Building. State if crowded, poorly ventilated, poorly heated, etc.	Closets. State if clean and adequate.
13 9 20	• • • •	13 4 13						Scarlet fever	Good Pretty full; ventilation rather	Good. Yes.
19		10	Orthopædic, 1			• • •		Chicken-pox		11
18 6 9 5 15 42	1	8 6 4 1 5 20	Cardiac, 1					Chicken-pox	0	Good. Yes. Good.
16 3 1 2		24 4 1						measles, chicken-pox	GoodBadGoodCrowded; poorly	Good. Bad: Good. Bad.
7 	4 3	4 3	Granular lids, 2.					Scarlet fever, 3; influenza Influenza	ventilated Good	Clean; adequate
2 1 10		6 3 15	Spinal curvature, 2					Measles Chicken-pox, mumps, measles		11 11
1	- • • •	1	Spinal curvature, 1; granular lids, 1		• •			Measles, chicken-pox	Poorly lighted; water-supply from creek	11
2			Mitral murmur, 1							11
47 11	11 2	3							11	11
5 4	3	1	Cardiac, 1; orthopædic, 2							Clean.
6 3 8 5 3 7 20	3	$\begin{array}{c} \dots \\ 2 \\ 1 \end{array}$				2		German measles, 6 German measles, 6	11	11 11 11 11 11 11
1 13 3 2		$\frac{1}{2}$	Leaky valve, 1				4	German measles, 20 German measles, 3 German measles, 4	Good	Poor. Clean.
97	10	5	Chorea, 2; infantile paralysis,	1		7		Chicken-pox, tuberculosis, measles, menin- gitis, 2	Not crowded ; well ventilated and heated	Clean; adequate.
7	6 3	15 3		1		₁		Mumps, chicken-pox German measles	Rather crowded	Rebuilt. Good.
1 2 9		1 i				5		Measles, 8 Scarlet fever, 4	t)	to flush toilets. Two; earth.
2 3 1 3 14		1 1 3 			2	• • • •		Mumps, 1.	" " " " " " " " " " " " " " " " " " " "	" Eight; flush. Notwaterenough
6 12 5 5 2 4		4 1 3 1 1				2		Measles, 22 Whooping-cough, 10 Scarlet fever, 5 Whooping-cough, 3	11	to flush toilets. Two; earth. Eight; flush. Two; bucket. Two; earth.
6	• • • •							Whooping-cough, 8		11

RURAL MUNICIPAL

Name of School.	Medical Inspector.	School Nurse.	No. of Pupils enrolled.	No. of Pupils examined.	Malnutrition.	Defective Mentality.	Defective Vision.	Defective Hearing.	Defective Nasal Breathing.	Adenoids.	Enlarged Tonsils.
Maple Ridge: Albion Hammond Haney Lillooet, South Maple Ridge Alex. Robinson Ruskin Webster's Corner Whonnoek	0 0 0 0		15 138 234 29 71 126 36 83 91	13 118 219 20 62 105 30 79 82	3	3	3 2 12 1 6 7 2 5	1		1 2 1 2 1	4 46 28 7 8 26 12 24 22
Aberdeen Bradner Clayburn Dunach Gifford	#		56 56 71 13 58	54 47 68 12 53	2 2 1 4	1 2 1 3	3 2 6 		2 1 2 2	2 1 2 2	6 5 8 1 13
JubileeMatsquiMount Lehman	#		22 80 43	22 72 33	3 1	1	4 2		2	2	3 8 4
Poplar	A. J. Stuart		55 66 9 52	50 63 9 42	2 2	1	4 1 1 2	1	4	1 7	5 14 2 10
Hatzic Mission City Silverdale Silverhill Stave Falls	"		356 23 13 25	43 304 20 13 25	10		12			18 	18 50 7 2 5
Stave River Gardens Steelhead Oak Bay:			14 15 322	14 14 308	2 2	3	1 16	2	48	18	67
	Wm. Buchanan		288 46 14	279 43 12	1		5	1		18	70 13 1
Penticton: Ellis Pitt Meadows: Pitt Meadows Point Grey:	H. McGregor L. Broe W. Dykes.		680 128 343	680 110 326	61	10	46 1 21	15 3 4	20	'	143 16 16
Kerrisdale Lord Kitchener	"		763 506	788 518	9		38			4	65
Langara		If	326	322	6					•	20
Lloyd George		Miss M. Ewart	609	671	18	• • • •	34	4	7	8	56

====										
Defective Teeth.	Enlarged Glands.	Goitre.	Other Conditions, specify (Nervous, Pulmonary, Cardiac Disease, etc.).	Vermin.	Scabies.	Impetigo.	Ringwerm.	Acute Fevers which have occurred during the Past Year.	Condition of Building. State if crowded, poorly ventilated, poorly heated, etc.	Closets. State if clean and adequate.
9									Good	Clean.
56 116			•• •• •• • • • • • • • • • • • • • • • •						11	11
9									11	11
29	}									11
47 13									11	
30									11	11
38									11	11
18		1	Double congenital cataract, 1						11	Yes.
7.0		0								
13 4	2	$\frac{2}{3}$							11	11
		2							11	11
5		3	Tonsillitis, 1						Water-supply from ditch	11
2									ditti	11
6	3	5	Follieular tonsillitis, 1						TO'102 14 1 1 1 4	li ii
3		1	Chorea, 1			· · · ·			Difficult school to ventilate, due to	11
	1							*	construction of	
0									windows	
6)	••			••••				No water obtain- able, due to periodic block-	tt
									ing of pipe	
16 10		$\frac{1}{6}$	Parotitis, 1		1			• • • • • • • • • • • • • • • • • • • •		11
10	• • • •	O						******		11
2		1						NII (Fairly good	Clean; adequate.
20	• • • •	14		• • •		• • • •		Measles, 6	crowded	11
15		12				2		Scarlet fever, 2; measles,		11
90	5	20	Asthmatic, 1			25		20 Chicken-pox, 1; measles,	All rooms over-	11
90	o	20	Asumatic, 1			20		20	crowded	11
9		3	.,							tt
3 8		1								11
6		î				1				11
5									Good	11
44	4	18	Stammering, 1; pulmonary, 7; cardiac, 11; orthopædic, 5; anæmic, 14; nervous, 1	• • • •	1			Measles, whooping- cough, influenza	Excellent; well heated and ventilated; no over-	11
29	1	20	Cardiac, 7; anæmic, 12; hernia, 1; nervous, 1; pulmonary, 1; cleft palate, 1; speech defec- tive, 1				•••	Measles, whooping- cough, influenza	erowding Excellent; well heated and ven- tilated; no over- crowding	***
19		40								11
5	• • •	11				• •			11	11
150	32	70	Nervous, 13; cardiae, 7; acne, 28; orthopædic, 7			6		Chicken-pox, influenza, measles	Excellent	Excellent.
65	21	35	Measles, 70; chicken-pox, 21						Good	Clean; adequate.
43	11		Adolescent goitre, 59; cardiac, 15; orthopædic, 9; anæmia,	1	1 ,	5	2	Scarlet fever, 2; measles, 17; mumps, 4; chick-	tt ·····	Good.
73	34		Adolescent goitre, 88; pulmonary, 2; cardiac, 24; anæmia, 6; orthopædic, 9		1	24	11	en-pox, 1; rubella, 78 Scarlet fever, 2; measles, 41; whooping-cough, 1; rubella, 125; chick-	,	11
43	16		Adolescent goitre, 31; cardiac, 11; pulmonary, 3; anæmia, 1; orthopædic, 5		2	29	14	en-pox, 3 Scarlet fever, 1; measles, 45; mumps, 1; whoop- ing-cough, 4; rubella, 91; chicken-pox, 1; diphtheria, 7	11	11
28	20		Adolescent goitre, 30; cardiac, 3; orthopædic, 2; anæmia, 1	1	2	13	6	Scarlet fever, 1; measles, 43; whooping-cough, 3; rubella, 65; chick-		14
90	28		Adolescent goitre, 75; cardiae, 8; pulmonary, 3; anæmia, 9; orthopædic, 8	3	1	10	7	en-pox, 3 Diphtheria, 2; measles, 23; whooping-cough, 9; rubella, 57; chicken-pox, 13	H	11

RURAL MUNICIPAL

Name of School.	Medical Inspector.	School Nurse.	No. of Pupils enrolled.	No. of Pupils examined.	Malnutrition.	Defective Mentality.	Defective Vision.	Defective Hearing.	Defective Nasal Breathing.	Adenoids.	Enlarged Tonsils.
Point Grey—Continued. Magee	W. Dykes	Miss M. Ewart	674	648	15	1	61	5	10	2	54
Oak Street	ч	11	145	150	8		9	4		2	14
Prince of Wales		11	473	521	15		38	2	1		19
Quilchena	11	11	221	191	1		11		• • • •	1	17
Queen Mary	ft	Mrs. C. M. Hyde	571	610	7		23	2	2	6	38
Richmond: Bridgeport	W. K. Hall		420	400	10	1	15	2	15	20	30
Lord Byng			415 20 32 92	400 20 30 90	8 3 	2	15 1 2 5	1	15 7	25 2 1 7	25 2 1 7
Sea Island Trites			90 21	85 18	2 7		5 2		3	10 2	15 2
Saanich: Cedar Hill Cloverdale	R. L. Miller.	Miss McRae	158 242	158 242	1	2	3 5	4 5	1 3	•••	
Craigflower	и	11	92	92		1	3	1		• • • •	
Gordon Head		11 11	40 56	40 56		$\begin{bmatrix} 1 \\ 2 \end{bmatrix}$	2 3	···i	1		
Lake Hill		11	45	45			6				
MacKenzie Avenue		11	159	159	2	1	10	2			2
Model Prospect Lake Royal Oak Saanichton	J. P. Vye	Miss M. Griffin Miss McRae	83 28 62 31	\$1 28 62 31		2	1 1 3 2	1		2	7
Saanich, West	11	11	47	47	••••	1	2				
Strawberry Vale		11	94	94		1	3	2			
Tillicum Road	11	11	230	230	1		10	4			2
Tolmie	"	n	279	279		1	4	4	2		
Sumas: Huntingdon Kilgard Straiton Sumas, Upper	T. A. Swift		63 37 15 74	55 34 14 65	2		$\begin{bmatrix} 2 \\ 3 \\ \cdots \\ 1 \end{bmatrix}$		2	3 2	17 13 5 13
Summerland			286	277	21	5	41	2	23	45	58
Surrey: Anniedale	F. D. Sinclair		16	15	1						3
Clayton	и		68	64	2		3				4
Cloverdale	n		189	172	3		8			1	11
Colebrook Crescent Elgin Grand View Heights	#		38 27 25 22	35 24 23 22	3		\				4 2 1

Condition of Palleline, Name Condition of Palleline, Name											
11	Defective Teeth.	Eularged Glands.	Goitre.	(Nervous, Pulmonary, Car-	Vermin.	Scabies.	Impetigo.	Ringworm.	have occurred during the Past	Building. State if erowded, poorly venti- lated, poorly	if clean and
11	60	22	• • • •	8; pulmonary, 4; orthopæ-		3	8	8	69; whooping-cough, 5; rubella, 207; diph-		Good.
24 24	11	11		4; nervous, 1; pulmonary, 1;	••••				Measles, 12; rubella, 35;	19	11
45 20	24	24		Adolescent goitre, 76; eardiae, 15; nervous, 1; pulmonary,	1	2	7	9	26; rubella, 127; diph-		"
45 28	10	8						3	diphtheria, 11; whoop-	11	11
S	45	26		Adolescent goitre, 50; eardiac, 10; anæmia, 1; orthopædic, 8		1	21	2	Measles, 43; rubella, 82; mumps, 1; whooping-cough, 2; chieken-pox,		"
Chicken-pox, 4 Chicken-pox, 2; mea-maximal chicken-pox, 2; mea-maximal chicken-pox, 6; scarlet chicken-pox, 1; measles, 1 Chicken-pox, 1; measles, 1 Chicken-pox, 1; measles, 2 Chicken-pox, 6; scarlet chicken-pox, 1; measles, 2 Chicken-pox, 10; measles, 2 Chicken-pox, 10; measles, 3; scarlet lever, 7 Chicken-pox, 10; measles, 8; mumms, 1; whooping-cough, 2 Chicken-pox, 10; measles, 8; mumms, 1; whooping-cough, 3 Chicken-pox, 10; measles, 9; measles, 9; mumms, 1; whooping-cough, 3 Chicken-pox, 10; meas	35		15		• • • •		• • •	2	fever, 5; chicken-pox, 2; mumps, 10; roe-		Clean.
Chicken-pox, 4 Chicken-pox, 5; measured fever, 1 Chicken-pox, 1; measles, 1; typhoid, 1; whooping-cough, 1; scarlet fever, 1 Chicken-pox, 1; measles, 1; whooping-cough, 1; scarlet fever, 1 Chicken-pox, 1; measles, 1; whooping-cough, 1; measles, 2 Chicken-pox, 2; measured fever, 1; whooping-cough, 1; measles, 2 Chicken-pox, 2; measured fever, 1; whooping-cough, 1; measles, 2 Chicken-pox, 2; measured fever, 1; whooping-cough, 1; measles, 2 Chicken-pox, 2; measured fever, 1; whooping-cough, 1; measles, 2 Chicken-pox, 6; measured fever, 1; measured fever, 1; measles, 2; measured fever, 1; measles, 2; measured fever, 1; measured fever, 2; measured fever, 3; measured fever, 2; measured fever, 3; measured fever, 4;	_	5	10	• • • • • • • • • • • • • • • • • • • •	1	2	15				
1	9				}						
1		5	5						Diphtheria, 2; measles,	Crowded	
10		}				-	10	5		11	
Chicken-pox, (; measles, 2 masses, 3				Vernal catarrh	10		• • • •		Chicken-pox, 32; mea- sles, 1; typhoid, 1; whooping - cough, 1;	11	
Chronic arthritis, 1.								Ì	Chicken-pox, 1; measles, 1; whooping-eough, 3		
Measles, 13; whooping cough, 1 Chicken-pox, 21; measles, 2 Chicken-pox, 21; measles, 2 Chicken-pox, 6; measles, 1; influenza, 1 Chicken-pox, 6; measles, 1; mnunps, 1; manups, 1;		• • • •		Chronic arthritis, 1					Chicken-pox, 6; scarlet fever, 1; whooping-		
16									Measles, 13; whooping-		14
Measles, 1; influenza, 1 O.K. O					3	1		1	Chicken-pox, 21; mea-	ff	ff
Measles 29	16		4	Corrections, 19					Measles, 1; influenza, 1	O.K	O. K.
Chicken-pox, 6; measles, 1; mumps, 1; whooping-cough, 2; Chicken-pox, 19; measles, 17; Chicken-pox, 19; measles, 17; mumps, 1; whooping-cough, 2; Chicken-pox, 19; measles, 17; mumps, 1; whooping-cough, 3; Chicken-pox, 10; measles, 8; mumps, 1; whooping-cough, 3; Chicken-pox, 10; measles, 8; mumps, 1; whooping-cough, 3; Chicken-pox, 10; measles, 3; searlet fever, 7; Good. 13									Mongles 20	Good	Clean; adequate.
Measles 1; mumps, 1; whooping-cough, 2 Chicken-pox, 19; measles, 17 Chicken-pox, 11; measles 1 Chicken-pox, 10;									Chicken-pox, 6; mea-	11	11
Ses. 17									Measles, 1; mumps, 1; whooping-cough, 2		
Sles, 8; mumps, 1; whooping-cough, 3						- 1			sles, 17		
Pleurisy, 1	• • • •	. 1		Appendicitis, 1	6	5			sles, 8; mumps, 1;		11
10			••••	Pleurisy, 1	1	6			Chicken-pox, 10; mea-	11	11
10											
13										11	
132 59 83 Anæmia, 13; acue, 2; cardiac, 2; eczema, 1 4 Roetheln,1; chicken-pox, 2	-	1	1 5		• • • •					Good	Require atten-
1 3 Endocarditis, 1; cleft palate, 1			83	Anæmia, 13; acue, 2; cardiac, 2;	Ì						tion.
4 13 2 Poly. ant. ehronic, 1; fct. systolic, 1 Impediment in speech, 1; hypotherapse Measles Chicken-pox, rubella, measles Measles Measles Measles Measles Measles Measles Measles Measles Measles		1	3						Measles	Poor	Clean.
tolic, 1 Impediment in speech, 1; hypothermore thyroid, 1 Chicken-pox, rubella, measles Measles Clean.		19			1		i				
thyroid, 1 thyroid, 1 Measles Measles Measles Measles Measles		2.5		tolic, 1							
1	• • • • •	28	Ī	thyroid 1		1		ļ	meagleg		
2 Measles			2								
2 Intantile paralysis, 1 Whooping-cough "		2		*				-	Measles	11	1 7
		2	• • • •	Intantile paralysis, 1		•••]	••••	whooping-cough	11	11

RURAL MUNICIPAL

Name of School.	Med	lical Inspector.	Schoo	l Nurse.	No. of Pupils enrolled.	No. of Pupils examined.	Malnutrition.	Defective Mentality.	Defective Vision.	Defective Hearing.	Defective Nasal Breathing.	Adenoids.	Enlarged Tonsils.
Surrey—Continued. Hall's Prairie	F. D. Sin	nclair			82	68	1		2		1	2	9
Hjorth Road	†† †1				17 53	15 50	3		2		1.	1	3 3
Kensington, East	11				59	51	5		3				3
Kensington Prairie Newton	11				43 99	34 90	1 4		3 1		i	•••	1 5
Port Mann	11		•••••		39 59 41	31 54 36	4 8 1		1 5 1		• • •		2 5 2
Surrey Centre	11				25 45 148	23 40 129	2 5 5		1 4		i	•••	1 4 8
White Rock	11				171 31	169 30	14 1		12			3	16
Vancouver, North: Capilano	R. V. M	cCarley			132	132	1		9	2	11	10	25
Keith Lynn Lynn Valley	11				102 300	102 300	3 4	$\frac{1}{2}$	7 22	2	4 29	4 25	23 57
North Star	11				215	215		1	11	3	28	20	34
Roche Point	11				38.	38			2		. 2	2	4
Vancouver, South: Brock	G. A. La	mont	Miss E.	Bell	498	498	45	• •	10	• • •	11	20	40
Carleton	11		Miss E.	Edwards	900	899	216	4	21		35	36	63
Champlain	11		11		16	16	2		• • • •		4	5	4
Connaught	11		ti		60	58	5	2	2	,	7	9	11
Gordon,	11	••••••	11		476	476	78	1	9		19	24	29
Moberly-Fraser	11		Miss E.	Bell	551	551	99	3	9		7	24	48
R. McBride	11		11	•••••	719	717	102	5	9	1	13	39	53
Sir A. Mackenzie	. +1	• • • • • • • • • • • • • • • • • • • •	11	•••••	682	682	110	1	13	1	11	25	45
John Norquay	11		Miss E.	Edwards	504	502	103	15	19		16	19	39
Laura Secord	11		11		247	243	24		8		17	11	10
Lord Selkirk	3 f		11	• • • • • • •	941	944	100	4	17	2	30	45	56
Sexsmith	, ti	·····	Miss E.	Bell	342	342	64	2	3	••••	1	16	22
Tecumseh	11		Miss E.	Edwards	718	712	40	1	6		19	24	37

	}								Condition of	
Defective Teeth.	Enlarged Glands.	Goitre.	Other Conditions, specify (Nervous, Pulmonary, Cardiac Disease, etc.).	Vermin.	Scabies.	Impetigo.	Ringworm.	Acute Fevers which have occurred during the Past Year.	Building. State if crowded, poorly venti- lated, poorly heated, etc.	Closets. State if clean and adequate.
1	10		Appendix, 1; defective palate,		1	1		Whoonium agush		
1			1; endocarditis, 1; pigeon- chest, 1			1		Whooping-cough		
····i	7 5	4	High-arch palate, 1; anæmia, 1;					Measles, chicken-pox		Clean.
	13	4	Chronic infantile paralysis, 1; anæmia, 1		1			Whooping-cough	11	11
····i	8	6	Anamia, 1; chorea, 1; ant. poly., 1; cryptic tonsil, 1; endocarditis, I		2			Measles	11	11 11
1	4	1 1	Pyorrhœa. 1; D.A.H., 1 Endocarditis, 1					Measles		11
	5	2	Marginal blepharitis, 1; facial paralysis, 1; deviated septum, 1					Measles		11
1	10	$\frac{1}{2}$						Measles	11	2 2 2 4
$\frac{1}{2}$	20	2	Bifid uvula, 3; foreign body in ear, 2; chorea, 1; endocarditis, 1; cleft palate, 1; fct. systolic, 1; pigeon-chest, 1		2	1		Chicken-pox, measles	11	11
$\frac{2}{1}$	16 5	$\frac{2}{2}$	Anæmia, 2							Good.
7.5	. 7		A -thurs 1. defective exceeds 1.			(*		Measles, chicken-pox	ĺ	Clean : adaquata
15 18	$\frac{7}{2}$	6	Asthma, 1; defective speech, 1; heart-disease 3; epilepsy, 1 Heart-disease, 2				1	Measles		Clean; adequate
43	17	12	Heart-disease, 1; bronchitis, 1; epilepsy, 1			15		Measles, whooping- cough	11	11
26 5	16	8	Asthma, 4; bronchitis, 1			l .	6	Measles, scarlet fever, chicken-pox Measles	11	11
		3		• • • •				In Cusics	"	11
96	14	13	Conjunctivitis, 2; throat cultures, 9; home visits, 26; vaccinations, 31;		7	5	14	Scarlet fever, 2; messles, 59; rubella, 103; chicken-pox, 8	11	Satisfactory.
178	2 5	21	Conjunctivitis, 3; throat cultures. 7; home visits, 51; vaccinations, 50	1	16	16	6	Scarlet fever, 4; measles, 77; diphtheria, 2; rubella, 274; mumps, 4; chicken-pox, 9; whooping-cough, 12		11
2	1	• • • ·	Vaccinations, 1					Rubella, 7; whooping- ing-cough, 2	11	11
3	1		Vaccinations, 4; home visits, 5					Measles, 4; rubella, 8; whooping-cough, 3	11	51
92	20	13	Vaccinations, 21; home visits, 34; conjunctivitis, 1	3	2	10	3	Scarlet fever, 1; measles, 7; rubella, 85; chick-en-pox, 3; mumps, 5;		11
102	8	20	Vaccinations, 12; home visits, 34	1	4	25	14	whooping-cough, 3 Measles, 9; rubella, 120; whooping-cough, 2; chicken-pox, 28	11	11
108	9	26	Vaccinations, 30; home visits, 89; conjunctivitis, 3; throat		5	14	13	Measles, 30; rubella, 99; whooping-cough, 7;	ft	11
161	6	27	cultures, 1 Vaccinations, 21; home visits, 44; conjunctivitis, 8	2	5	11	7	chicken-pox, 10 Rubella, 65; diphtheria, 1; measles, 26; chick-		11
134	7	20	Conjunctivitis, 2; vaccinations, 10; home visits, 35		2	2	2	en-pox, 2 Scarlet fever, 1; measles, 17; rubella, 67; chick-	Satisfactory	11
62	6	7	Vaccinations, 6; throat cultures, 1; home visits, 5	2			1	en-pox, 10 Measles, 22; rubella, 13; mumps, 1; chicken- pox, 4	11	11
135	21	13	Conjunctivitis, 7; vaccinations, 41; throat cultures, 123; home visits, 139	4	12	20	3	Scarlet fever, 3; measles, 20; rubella, 124; chick- en-pox, 8; diphtheria, 9; carriers, 7; mumps, 52	11	tt
67	3	13	Conjunctivitis, 5; vaccinations, 15; home visits, 6	4	2	10	5	Measles, 12; rubella, 64; chicken-pox, 3; whoop- ing-cough, 16	11	11
96	13	8	Conjunctivitis, 12; vaccinations, 20; throat cultures, 21; home visits, 67		7	7	1	Scarlet fever, 3; measles, 21; rubella, 157; diph- theria, 4; chicken-pox, 31; mumps, 3	11	ŧŧ

RURAL MUNICIPAL

Name of School.	Medical Inspector.	School Nurse.	No. of Pupils enrolled.	No. of Pupils examined.	Malnutrition.	Defective Mentality.	Defective Vision.	Defective Hearing.	Defective Nasal Breathing.	Adenoids.	Enlarged Tonsils.
Vancouver, South—Continued.	G. A. Lamont	Miss E. Bell	428	426	58	1	10	1	4	12	19
General Wolfe	tt	11	703	703	99	7	15		12	31	56
Vancouver, West: Capilano Cypress Park Dundarave . Pauline Johnson Whytecliffe	11		5 14 52 365 5	5 14 52 365 5			3	1 2			1 7 17 39

Abbotsford	T. A. Swift.		216	170	ا ہے ا						
Adelphi			220	170	5		3		1	2	47
Ainsworth Albert Canyon Albert Head Albreda	J. H. Hamilton	Miss H. Kelly	13 16 13 13 11	11 16 13 13	2		1 1 2 1			2 2 2	2 6 4 5
Alert Bay			52	40						3	16
Alexander Manson			12	12						3	5
Alexandria, NorthAlexis Creek	G. R. Baker		7 11	7 11							1.
Aleza Lake	W. E. Laishley		34	32	2	2	3	2	4	4	13
Alice Arm	D. R. Learoyd	Miss A. J. Duncan.	22	22		• • • •	5				12
Alice Siding Allenby Allen Grove Anarchist Mountain Anderson Creek Anglemont Annable. Appledale Argenta Arrowhead Arrow Park, East Arrow Park, West	Lee Smith H. McGregor A. Francis C. J. M. Willoughby W. Scatchard W. A. Coghlin H. H. MacKenzie D. J. Barclay J. H. Hamilton P. J. Emerson		21 48 13 16 11 16 15 29 9 12 9	18 48 13 16 10 15 15 29 9 11 9	1 5 	1			4	1 6 1 1 3 1	2 14 1 9 3 1 7 4 1 5 2
Ashrola	Lee Smith		97 9 21 78	90 9 21 60	6 2	1 1		1	1 4 1	5 5 1 4	22 6 3 4
Atlin. Avola. Balfour Balmoral Bamfield Barnston Island Barriere River Baynes Lake Beaton Beaver Creek Beaver Cove Beaverdell Beaver Lake Beaver River Beaver River Beaver River	M. G. Archibald D. J. Barclay W. Scatchard Guy Palmer G. Morse R. W. Irving H. A. Christie J. H. Hamilton A. D. Morgan C. A. Watson A. Francis F. V. Agnew E. M. Sutherland	Miss Garrood	23 14 17 17 31 16 6 27 15 23 12 18 9 9 12 12 12 20	22 14 17 15 31 15 6 25 13 20 12 17 8 9 12 11 20	1 1	1	1 3 2 4 4 1 2 1 2 1		6 1 4 3	3 2 4 6 3 	8 3 4 5 6 6 5 3 4 5 3 1 2 1 3

Defective Teeth.	Enlarged Glands.	Goitre.	Other Conditions, specify (Nervous, Pulmonary, Cardiac Disease, etc.).	Vermin.	Scabies.	Impetigo.	Ringworm.	Acute Fevers which have occurred during the Past Year.	Condition of Building. State if crowded, poorly venti- lated, poorly heated, etc.	Closets. State if clean and adequate.
108 122	7	15 30	Conjunctivitis, 3; vaccinations, 23; home visits, 34 Conjunctivitis, 15; vaccinations, 33; throat cultures, 6; home visits, 84	8	3	12	4	Scarlet fever, 1; measles, 12; whooping-cough, 3; rubella, 67; mumps, 1 Diphtheria, 1; measles, 75; chicken-pox, 7; rubella, 142; mumps, 4		Satisfactory.
3 8 26 47	3 6 23 48		Cardiac, 1					Sandat favor 2	Good	11

ASSISTED SCHOOLS.

										1
36	6	16	Scoliosis; curvature of spine, 1			20		Measles, 9; chicken-pox,		Fairly adequate.
		1							Good	Two: clean.
5	2	15							No	
2^{\cdot}								·	Good	Good.
$\overline{4}$	1	1						Measles, 2	Fairly satisfactory	Need attention.
$\tilde{4}$								Measles, 2	Clean; fairly well	
								,	ventilated	
31		1				1		Scarlet fever, 1; influenza, 1	Good	Clean; adequate.
		4		[]					11	Clean.
									No	Yes.
									Not crowded; well	Clean; adequate.
					- 7				ventilated and	
15	1	1				• • •		Influenza	heated Slightly crowded; ventilation and	Outside toilets in good condition.
2	2	7							heating good Satisfactory	Two outside cans emptied regu- larly.
7				1					Good	Clean; adequate.
20		6				į.		Chicken-pox, 21		
20	1	$\frac{0}{2}$						Chicken-pox		
1	13	$=\frac{2}{6}$					1		О. К.	
3	2		Orthopædic, 1						Satisfactory	
$\frac{3}{2}$		4							Lighting fair	Satisfactory.
$\frac{1}{9}$		1	Cardiac, 1							
13		4	Anæmia, 2; rupture, 1						Good	Clean; adequate.
4		6							No	
3	1	1								Fair.
2		$\overline{2}$								11
40	22	12	Bronchitis, 1		• • •				Not crowded; ven- tilation, light, and heat good	Clean; adequate.
2		1					1		Fair	Yes.
$\frac{1}{4}$		1						 	Good	11
17		3						Measles, 26	Furnace not satis- factory in cold weather	
7 11	3 3	6	Vaccinated, 5.				1	Searlet fever, rubella	Poorly heated	Adequate. Well taken care of
		17		[Yes.
14	3	4								Satisfactory.
8		5								Yes.
10	3	1		}						O. K.
									N1	Two; clean.
11										
1		1								Gnoa.
8		7	Heart, 1							Clean to adamata
6		3	0.11						O. E.	Clean; adequate.
5	9	3	Cardiac, 1				• • • •		~ 1	O.K. Yes.
1									Satisfactory	
4	3		Chicken pay 1						New building	
4	1	1 5	Chicken-pox, 1			ž.			Good	Good.
		5	Orthopædic, 1						11	Clean; adequate.
$\frac{6}{10}$	4	11 9	Heart, 2; defective speech, 1				l		11	
6	1	5							11	11
0	1	3								
					15		1			

Name of School.	Medical Inspector.	School Nurse.	No. of Pupils enrolled.	No. of Pupils examined.	Malnutrition.	Defective Mentality.	Defective Vision.	Defective Hearing.	Defective Nasal Breathing.	Adenoids.	Enlarged Tonsils.
Bench Bend Beresford Bevan	J. Sandilands		17 12 9 33	15 12 9 29	1 3	1	1 1 2	 1	1	····· 1	2 3 2 5
Big Bar Creek	R. H. Mason		13	11	2	3		1	1	3	6
Big Bar Mountain	G. A. Charter		12 11	12 11	1		1 1	1			2 4
Big Eddy	F. V. Agnew		20 7 23	19 7 23				1	2 4	2	2
Birken			8 14	8 14	1	2	1		1	1 5	$\begin{array}{ c c }\hline 2\\ 7\\ \end{array}$
Black Pines			8 23	8 22			2		1 2	3 2	3 3
Blakeburn Blind Bay Blind Channel. Blubber Bay	W. Scatchard		67 13 11 28	67 12 11 28	3 15	$\begin{bmatrix} \dots \\ 1 \\ 2 \end{bmatrix}$	6 3 6	1 1	5 1 1	11 2 1 2	4.4 2 5 21
Blueberry Creek	J. B. Thom	·	13 16	13 16	1	i	3			$\frac{1}{2}$	3 2
Bonaparte	R. H. Mason		8	8			3		1	2	2
Bonchie Bonnington Falls Boston Bar Boswell Boulder Siding Boundary Falls Bowen Island Bowie Bowser Box Lake Brackendale Brechin	H. H. MacKenzie P. M. Wilson G. B. Henderson W. C. Bissett A. Francis F. Inglis J. H. Hamilton L. T. Davis P. J. Fmerson N. J. Paul	Miss Jukes	20 14 12 14 25 13 15 24 22	11 20 20 12 12 13 20 12 15 24 22 130	3 1 1 1 		1 1	1	2 3 2 9	2 1 2 1 3 2 11	7 4 4 4 4 4 2 14 6 10
Bridesville				19 9	1		1 3			1 2	13 4
Brilliant	J. B. Thom	, ,	121	117	1		3	2		6	66
Brisco	A. M. Menzies			11 56 66	3 7					4 10	18 24
Brookmere Brown Creek Buckley Bay Bull River Burgoyne Bay Burns Lake Burtond de Cache Creek	W. Truax. J. C. Dunn. H. A. Christie E. M. Sutherland. J. T. Steele. P. J. Emerson		9 9 59 22 61 35	14 9 9 58 22 61 34 10	2	2	1 2 4 1	2		$ \begin{array}{ c c c } \hline 1 \\ 2 \\ \hline 7 \\ \hline 10 \\ \hline \end{array} $	15 2 10 23
Cahilty	R. W. Irving		8 8	8 8			1 1		1	1	1 3
Campbell River	T. A. Briggs			60 20 12	2		1 2	1	1	4 4 2	4 4 2

Defective Teeth.	Enlarged Glands.	Goitre.	Other Conditions, specify (Nervous, Pulmonary, Car- diac Disease, etc.).	Vermin.	Scabies.	Impe'igo.	Ringwerm.	Acute Fevers which have occurred during the Past Year.	Condition of Building. State if crowded, poorly venti- lated, poorly heated, etc.	Closets. State if clean and adequate.
		1		1	1				_	1
6	• • • •								Good	Yes.
1	$\frac{\cdots}{2}$					• • • •				
17	14	1				1		Chicken-pox, measles		
			skin-disease, 1; anæmic, 2;							
			nasal catarrh, 1							
6	6								Poor; in need of	Unsanitary.
3	1	1							repair Adequate; good	Sanitary.
	1)			Not crowded; well	
									ventilated and	,
									heated	
3		2				1		TAl.		Good.
5	$\begin{vmatrix} 1 \\ 7 \end{vmatrix}$	1						Intluenza	Ventilation not	Yes. Clean; adequate.
Э	(<u> </u>					• • •		good	Olean, adequate.
4	1							,	Good	Clean.
11	6	1							Poor light and ven-	
									tilation; over-	
			Montal name with the						crowded	Clean ton
6	3		Mental regurgitant, 1			1			Good	Clean; two. Adequate; door
U	υ					1			and heating	off one.
19		5					ĺ		Good	Clean.
7		1							Satisfactory	Satisfactory.
8		1	J			• • • •		Smallpox, 1	Good	Clean; adequate.
21	21	4	Nervous, 4; cardiac, 2				1	Influenza, 6; tonsillitis, 4; scarlet fever, 1	should have tap	Not clean
								4, scarret level, 1	water	Not clean.
5		4	Cardiac, 1		,					
4										Clean.
0									ventilated	Canitany
2	4	4						1	Adequate	sanitary ; need repair.
			Hæmophilia, 1						No	Yes.
5	1	3							Excellent	Excellent.
11	5	4							Fair	Fairly clean.
1		1	Defective septum, 1			1				Clean; adequate.
6	13	3 13							о. к	O.K.
9									Good	Yes.
3	1									Good.
7		2							Very good	Clean; adequate.
$\frac{2}{15}$		9 4	Cardiae, 1	i			1		•	Fair. Clean.
17	$\frac{4}{10}$	9						Smallpox, scarlet fever,		-
- 1	•							measles		
5	15	5							O. K	O.K.
6									Good; adequate	Poor structure and condition.
61	2	62	Cardiac, 6; eczema eyelids, 1;					 		
OI	ے	02	lungs, 2; palate, 1; mental,							
			1							
2		2							Good	Sanitary.
14	6	7	City what also was also and be appropriated.			1		Measles, 3; scarlatina, 1		
13	10	5	Slight chorea, 1; orthopædic, 1			1		Spinal meningitis, 1; scar- latina, 1; mumps, 20;		11
								Measles, 15		
2									Poor	
4	1	2		1				Measles	Good	
1 24					· · · ·				Excellent	
6	10	5	Defective speech, 2	• • •					Satisfactory	Satisfactory.
12	6	8	Strabismus, 2						11	Adequate.
อ็		14	Cardiae, 1			1		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Fair	Fair.
1		2						Measles	Well-lighted; ven-	Clean; adequate
					}				tilation good; not overcrowded	
					1				Good	Two; clean.
3	3	1							Room should not	Two closets n
					1				be used for	repair; dirty
									school purposes;	
									it is poorly ven- tilated, inade-	
									quately heated,	
									and, in general,	
									unsuitable	
18	2	2	Cardiae, 1						Excellent	Adequate.
2		1	Infantile paralysis, 1; ichthyosis, 1			1			G00d	1 65.
3	2	1	OSIS, 1	2				Measles	11	Good.
	1				1		1		1	
-										

Name of School.	Medical Inspector.	School Nurse.	No. of Pupils enrolled.	No. of Pupils examined.	Malnutrition.	Defective Mentality.	Defective Vision.	Defective Hearing.	Defective Nasal Breathing.	Adenoids.	Enlarged Tonsils.
Canyon City Canyon Creek Carlin Siding Carrol's Landing Carson Cartier Cascade Cassidy Castledale Castlegar Castle Rock Cawston Cedar, East Cedar, North Cedar, South Cedarvale	C. Ewert. E. Buckell. P. J. Emerson. W. Truax J. H. Hamilton W. Truax T. J. McPhee P. Ewert. J. B. Thom. G. R. Baker M. D. McEwen T. J. McPhee	Miss P. East	68 9 20 13 26 38 20 76 8 61 9 39 11 68 22 11	66 7 20 13 25 37 20 73 5 59 9 39 10 62 21	6 3 1 4 1 2 2 1	1 1 1	4 1 2 5 6 2	3 1 1 2 1	3 4 2 1 3 	6 4 3 2 2 2 20 5 5	12 3 1 7 6 2 3 3 1 35 1 4 2 9 4
C'elista Champion Creek Chapman Camp. Charlie Lake. Chase Chase Creek, Lower. Chase River Chaumox Cheamview Cheracut	W. A. Coghlin D. P. Hanington W. A. Watson W. Scatchard T. J. McPhee P. M. Wilson J. C. Elliot		15 20 26 12 108 12 79 6 12 12	15 18 24 12 99 9 75 5 11	3		1 2 1 10 1 	1 2 1 1	1 2 10 1 1 1 2	1 3 1 3 23 9 1 1 2	7 2 3 23 4 3 4 2
Cherry Creek. Chilco Chinook Cove. Christian Valley Christina Lake. Chu Chua Clayoquot	W. R. Stone R. W. Irving A. Francis W. Truax R. W. Irving		18 20 10 8 12 10 47	17 20 10 8 12 10 45			 4 1 1 1 3	1	 9 2 4 1	9 4 1 4	13 4 1 2 4 3
Clearwater	R. H. Mason	• • • • • • • • • • • • • • • • • •	10 54 80	10 54 80	3	3	3 1 9	···· 1	5	1 4 8	3 7 16
Coalmont	D. Corsan		25 22 10	$\begin{bmatrix} 24 \\ 20 \\ 9 \\ 12 \end{bmatrix}$			1 3 1	• • • • •	4 1 	5	11 3 3
Colwood	I. B. Hudson T. A. Briggs J. C. Elliot D. J. Barelay W. N. Turpel Lee Smith R. Elliot R. Ziegler K. I. Murray H. N. Watson	Miss H. Kelly Miss N. Armstrong Miss Jeffares	77 10 8 10 40 52 15 46 62 19	75 11 8 10 38 52 15 44 56 18	1 24 9	1	3 2 1 13 5 3 1	3 1 8	1 1 3 13 	3 9 1 5 5 13 1 9 1	10 9 3 1 5 7 21 15 12 1
Cranberry Marsh Crawford Bay Crawford Creek Crescent Valley Creston Creston, West Crow's Nest Croydon Cultus Lake Darlington Dawson Creek Dawson Creek, North Dawson Creek, South Deep Cove Deep Creek Deer Park	E. M. Sutherland D. J. Barelay J. H. Hamilton H. H. MacKenzie G. B. Henderson R. Elliot J. Sandilands J. C. Elliot R. W. Irving W. A. Watson "S. E. M. Hoops H. W. Keith	Miss Garrood	13 29 10 20 214 9 16 12 17 10 23 8 7 10 27 13	20 20 201 9 14 12 17 10 23 8 6 8 26	2 7	2 1 	2 8 2 27 2 5 1 1 1 2 4 1	2 1 1	7 5 	5 5 1 	1 11 1 4 29 2 4 2 7 5 6 3 1 6

Defective Teeth.	Enlarged Glands.	Goitre.	Other Conditions, specify (Nervous, Pulmonary, Cardiac Disease, etc.).	Vermin.	Scabies.	Impetigo.	Ringworm.	Acute Fevers which have occurred during the Past Year.	Condition of Building. State if crowded, poorly ventilated, poorly heated, etc.	Closets. State if clean and adequate.
8		11					1	Measles	Good	Clean; adequate.
5 7	1								Fair condition	Fair.
2 8	3	1						Typhoid fever	Good	Fair.
3		11							Fair	Good.
5 5	6	2	Cardiac, 1					Scarlet fever	Defective light	Yes.
24	2	21	Nervous, 1; cardiac, 3					Whooping-cough		
7		i						Chicken-pox epidemic	No Satisfactory	11
$\frac{2}{13}$	10	$\frac{1}{7}$	Cardiac, 1					Smallpox, diphtheria	Good	
$\frac{7}{2}$	4	3				1		Smallpox	Fair; frame build-	One; poor.
5		4							ing	Not clean.
8 2		5						Rubella	Excellent	Excellent.
1 70		5 23							GoodSatisfactory	Yes.
5	i	2	Cardiae, 1						11	Fair.
14	$\begin{bmatrix} 5 \\ 2 \end{bmatrix}$	15 1	Cardiac, 1; anæmia, 1 Corneal ulcer, 1			1		Smallpox	Good	Dirty.
3	1	2	Mentally defective boy (aged						Not crowded; well	Clean; adequate.
			15), is a dwarf, and has congenital dislocation of both						ventilated and heated	
9		5	hips Heart, 1						Good	Good.
$\frac{9}{1}$									11	Yes. Two; clean.
2	8	2							O.K	O.K. Poor,
$\frac{\bar{2}}{14}$	3		Bronchitis 1; chronic nasal				1	Measles epidemic	11	Two; clean.
11	J		catarrh, 1	• • •					lated and heat- ed; school-room filled to capacity	accommoda- tion will soon be required.
1 19		3							Good Heating and ven-	Two; clean. Clean; adequate.
31	5	10	Cardiac, 4; chorea, 1; bron-			2		Measles, 6	tilation good Not overcrowded;	Yes; need repair.
7.5			chitis, 4						poorly heated by stoves; fair ventilation	Fain
$\frac{15}{17}$		1							Old building Good	Yes.
2		3	Anæmia, 1; slightly damaged hearts, 4			1			11	Clean; adequate.
4 4	4	10 2	Cardiae, 3						Excellent	Yes.
14		3	anæmia, 3 Eczema, 1; V.D.H. 1		1		}		Good	11
6		6							Being improved	
$\frac{4}{19}$	5	3 6							Fairly good Good	Adequate.
26		5							Adequate	Good.
12 12	4	1	Mitral systollic, 1			1		Measles, whooping-cough	O.K	O.K.
12	4	1						Diphtheria, 5	Poorly lighted and ventilated	
4	3	::	Defective speech, 1						Satisfactory	Satisfactory.
8		25	Anæmia						Good	Good.
$\begin{array}{c} 5 \\ 22 \end{array}$	3	3	Heart, 1 Defective speech, 1; heart, 2					Measles		Clean; adequate.
1 6		2						Measles	11	
4 9	1								Fair Too small	Two; fair. Poor.
1									Good	Two; clean.
1		4			1	1				11
1 4		$\begin{vmatrix} 2 \\ \dots \end{vmatrix}$			9		1		Excellent	11
8									Good	11
	1)	l l				

Name of School.	Medical Inspector.	School Nurse.	No. of Pupils enrolled.	No. of Pupils examined.	Malnutrition.	Defective Mentality.	Defective Vision.	Defective Hearing.	Defective Nasal Breathing.	Adenoids.	Enlarged Tonsils.
Demars, West. Denman Island Departure Bay Devdney Diamond Crossing Divide Dome Creek Doreen	T. J. McPhee A. J. Stuart H. B. Maxwell E. M. Sutherland J. Sandilands	Miss Hewertson.	10 54 10 82 31 18 20 8	10 50 9 74 31 18 20 8	1 1 1 3 1	1 1 1	$egin{array}{c} 1 \\ 4 \\ \cdots \\ 3 \\ 1 \\ 2 \\ 1 \\ \cdots \\ \end{array}$	1 2	2 5 2 2 1 1	$ \begin{array}{c} 2 \\ 7 \\ 1 \\ 3 \\ 2 \\ \dots \\ 1 \end{array} $	6 9 1 20 9 5 14
Dorr Dove Creek. Driftwood. Ducks hange. Dundon.	H. A. Christie T. A. Briggs C. H. Hankinson		13 26 20 10 12	13 24 20 10 12			2 	2	2 1 	1 2 4 	4 4 6 1 5
Dunster. Eagle Valley. Echo Bay. Edgewater Edgewood. Egmont. Elk Bridge. Elko. Elk Valley. Ellison.	C. A. Watson. F. E. Coy J. E. H. Kelso. F. Inglis. F. J. Buckley H. A. Christie. F. J. Buckley.		10 15 11 19 35 16 18 28 7 35	10 11 9 19 35 16 18 19 7 32	1		 5 1 1 3 5	1	···· 2 ···· 7 ··· 4	1 2 1 2 7 2 7 3	3 1 2 1 8 4 6 1 5
Elphinstone Bay Endako. Enderby, North Engen Erickson Erie Errington Essington Evelyn Ewing's Landing.	W. R. Stone. H. W. Keith W. R. Stone. G. B. Henderson J. B. Thom L. T. Davis. R. Large C. H. Hankinson	Miss Jukes	13 17 16 11 50 9 27 35 22 15	13 17 15 11 49 9 27 28 22 15	3 3 1 2	1 	1 3 1 1 1 3		7 1 3 1 1 3	7 7 1 3 2 3	1 11 3 3 9 3 19 3 4
Extension	G. H. Kearney P. D. Van Kleeck		80 12 24 43	80 11 23 41	3		4 1 1 5	1	6	 15 2	12 19 12
Fauquier. Field Fife Fire Valley Firvale Fir Valley	G. A. Cheeseman. W. Truax J. E. H. Kelso. G. E. Bayfield		8 63 22 11 11 9	8 61 22 8 11 8	2 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1	5 2 1	$\begin{array}{c} \ddots \\ 2 \\ 2 \\ \vdots \\ 1 \end{array}$	3 7 3 2 2
Fish Lake			14	11	1		1		1	1	3
Flagstone. Forcst Grove Ford Forks Fort Fraser Fort Fraser, North. Fort George Fort George, South	P. Ewert. R. W. Irving W. R. Stone	\	15 11 10 16 41 6 44 62	15 7 9 16 41 6 42 59			• • • •	 l 1 1		3 13 8 6	1 3 15 9
Fort St. James. Fort St. John Fort St. John, East Fort Steele Four Mile. Francois, North. Francois, South. Fraser Lake Praser Lake, North French Creek	W. A. Watson F. W. Green W. J. Lightburne D. B. Lazier W. R. Stone		15 25 10 49 7 12 20 18 10 40	15 24 9 49 7 12 20 18 10 40			2 1 2	1		4 5 1 2 1 2 3	5 6 3 3 3 4 5

Defective Teeth.	Enlarged Glands.	Goitre.	Other Conditions, specify (Nervous, Pulmonary, Cardiac Disease, etc.).	Vermin.	Scabies.	Impetigo.	Ringworm.	Acute Fevers which have occurred during the Past Year.	Condition of Building. State if crowded, poorly venti- lated, poorly heated, etc.	Closets. State if clean and adequate.
4 8		8	Cardiac, 1Xerodermia, 1						Good	Fair. Yes
2	1	2							Old	Clean; adequate.
21 19	$\begin{vmatrix} 2 \\ \dots \end{vmatrix}$	12	Orthopædic, 1; eczema, 1					Measles, 12	Efficient	Yes.
$\frac{7}{12}$	3	2 5	Rachitic chest, 1						Satisfactory	Not satisfactory.
$\frac{12}{6}$							1		GoodPoorly built frame	Two; good. Two; yes.
3									shack Good	Inadequate;
7		1					}			clean.
2		_	Epileptic, 1							Clean; adequate. Yes.
3	3		Nasal spur, 1						11	Two t olony
			Nervous, 2; discharging ear, 1						Small; low ceiling;	One toilet: no
9									poor light Fair	door.
5 6		1							Satisfactory	Yes.
7		1							Good.	Clean; adequate.
3									ft	
9 7	3	5		ł .					11	11
10									Satisfactory	Clean; adequate.
2 8	$\begin{bmatrix} 2\\3 \end{bmatrix}$	$\begin{bmatrix} 2 \\ 6 \end{bmatrix}$	Orthopædic, 1; anæmia, 1;						Good	Sanitary
			chronic eczema, 1							adequate.
9 13						• - •			11	Yes.
5		1							11	11
4								Measles	11	Clean; adequate.
4	1	I								
$\begin{array}{c} 5 \\ 24 \end{array}$	1	1						Measles, chicken-pox	Very good	Clean; adequate.
6	5		Colds, 1						Too little air	
5	2	3	Chorea, 1; cardiac, 1; eczema, 1; lack of bladder control, 1;					Nil, except flu	Good	adequate.
17		3	anæmia, 2 Cardiac, 2; Still's disease, 1;						Efficient	Yes.
4	1	2	psoriasis, 1		ŀ			Chicken-poy 2		Clean: adequate.
7		14					1		Good	Yes.
28	8	2	Impediment in speech, 1; anæ- mia, 2; headaches, 1; nerve disease, 1; nasal catarrh, 3; wax in ears, 4; skin-disease, 2; blepharitis, 1					I. A		
24	1	1 1						Scarlet fever, measles	Up to date	Yes. Both.
4	3	1			1		1		Fair	Fad.
$\overline{4}$		4		1	1		1		11	Good.
3	1	2	Curvature of spine, 1; anæmia, 1; cardiac, 1						Poorly heated; building not lined	Clean; adequate.
3			Orthopædic, 2; bronchitis, 1						Frame; in need of repair; windows on wrong side	
9 1									Satisfactory Temporary build-	Yes.
1			Bronchitis, 1						ing Uncompleted	Adequate.
$\frac{2}{25}$		1	Amputated foot, 1	1		1		Measles epidemic	Good	Two; clean.
1					1		1		Good	11
18 30	1 1	8 15	Blepharitis, 2Blepharitis, 5			1	1		Old frame building in only fair con-	Clean; adequate. Fair.
10									dition	Yes.
10	1	12								Fair.
7 2		3							Fair	Yes.
3									Satisfactory	Clean; adequate.
• • • •		3 3							Good	Clean.
11									11	Yes.
6 5				1		1		Measles, chicken-pox	Very good	Clean: adequate.
				1	1		1	Treations, enforcer pox	1	l de la contraction de la cont

Name of School.	Medical Inspector.	School Nurse.	No. of Pupils enrolled.	No. of Pupils examined.	Malnutrition.	Defective Mentality.	Defective Vision.	Defective Hearing.	Defective Nasal Breathing.	Adenoids.	Enlarged Tonsils.
FruitvaleGalena BayGaliano, North	R. W. Irving J. B. Thom J. H. Hamilton E. M. Sutherland C. H. West		90 48 8 18 19	88 40 8 18 19	1	1	10 5		3	21 3	22 15 1 3 2
Gallie Bay	E. M. Sutherland		9 67 11 18 22 11 56	9 66 11 18 22 10 53	2 2 2 3 7	1	2 4 1 	1 2	1 3 1 5	1 3 1 5	1 4 5 5 6 21
Glacier	J. H. Hamilton H. H. MacKenzie		6 59	6 56	10		1			···.6	1 21
Glenemma. Glenora Glenrosa. Glentanna.	P. J. Emerson P. D. van Kleeck H. N. Watson W. Buchanan C. H. Hankinson P. Ewert I. B. Hudson	Miss Jeffares	40 12 18 10 6 132 20	40 11 15 10 6 124 16	4	7	3 1 10 1	····· i ··· 1	3 6 2 6 2	3 9 2 10 2	27 10 3 1 2 20 5
Gowland HarbourGranby Bay	R. E. Ziegler		10 158	10 158	22		2 30	_i	1 1	1 4	1 54
Grandview Bench. Granite Bay Grantham Grant Mine Grassmere. Gray Creek. Great Central Green Bay. Green Lake. Greenslide. Grey's Creek. Grindrod Hall Hall's Landing Happy Valley. Hardwick Island Harewood	C. A. Watson T. A. Briggs. T. J. McPhee H. A. Christie D. J. Barclay A. D. Morgan G. E. Bayfield R. H. Mason J. H. Hamilton C. A. Watson H. W. Keith H. H. MacKenzie J. H. Hamilton I. B. Hudson C. A. Watson T. J. McPhee	Miss Garrood Miss H. Kelly	20 6 27 27 10 9 16 17 15 14 10 67 7 13 27 9 344	18 5 27 24 10 8 15 17 15 14 10 63 6 12 24 9 336	1 1 4 	· · · · · · · · · · · · · · · · · · ·	1 11	4	2 3 3 1 3 5 51	2 1 3 1 3 1 5 2 2	6 1 2 4 1 4 3 4 2 2 2 2 2 5 4 57
Harrogate	A. J. Stuart	Miss Garrood	11 31 20 27	10 31 18 27	7	4	2 4 			1 2 5	3 8 3 5
	T. A. Briggs M. D. McEwen R. W. Irving P. D. van Kleeck R. E. Ziegler H. W. Keith L. T. Davis W. Truax H. G. Williams J. C. Elliot T. A. Briggs Paul Ewert	Miss Jukes.	27 32 58 8 8 10 12 15 19 14 9 69 12 17	27 31 56 8 8 12 15 19 14 9 67 12			2 1 4 2 2 1	3	3 1 1	1 9 2 2 6 1 1 5 4	1 11 2 2 7 1 3 2 16 4 5
Houston			36	32 17			1	1	1 3	1	13 2
Howe Sound Hudson's Hope Hulatt Hunter Island Hupel	F. Inglis. W. A. Watson W. R. Stone G. A. Roberts H. W. Ke'th G. B. Henderson		105 15 11 7	17 93 15 11 7 9 22 26		2	5		1	J9 3 1 1 1 1 4	2 24 5 4 2 4 10

Defective Teeth.	Enlarged Glands.	Goitre.	Other Conditious, specify (Nervous, Pulmonary, Cardiac Disease, etc.).	Vermin.	Scabies.	Impetigo.	Ringworm.	Acute Fevers which have occurred during the Past Year.	Condition of Building. State if crowded, poorly venti- lated, poorly heated, etc.	Closets, State if clean and adequate.
10	1	7	Astluna, 1						Good	Two: clean
15		5	Cardiac, 3.			1			.,	Iwo, Gean.
			Orthopædie, 1			1			Good	Good.
10	3				ł				Satisfactory	Satisfactory.
13	• • • •						• • • •		Well ventilated; comfortably	Clean; adequate.
							1		heated	
	3		Cardiac, 1						Adequate	
$\frac{15}{10}$	$\begin{bmatrix} 2 \\ 6 \end{bmatrix}$	6								Clean; adequate.
9	2	4	Orthopædic, 1; anæmia, 1							11
9	6	$\begin{vmatrix} 1 \\ 6 \end{vmatrix}$	Heart, 1 Nervous, 1						Building O.K.	Good. O.K.
31	$\begin{vmatrix} 0 \\ 4 \end{vmatrix}$		Cardiac, 1					Influenza	Not crowded;	Outside toilets in
			, , , , , , , , , , , , , , , , , , , ,						ventilation and	fair condition.
									heating good Good	Good.
13	3	17	Heart cases, 4; spinal curva-						11	
		- 0	ture, 1						77	21.
20		18	Chorea, 3; cardiac, 2						Very good	Yes.
									11	
1		9							Satisfactory	37.00
$\frac{3}{24}$	6	10	Eczema, 5 ; epilepsy, 1					Whooping-eough	Fair	Yes. Adequate.
5	3		Squint, 2; cardiac, 1; nervous,					·····	Rather crowded	
			1						Adequate	Adaguata
4 40	102	$\frac{2}{77}$	Hernia, 1; flat chest, 12; acne,						Satisfactory	Clean; adequate.
			1; asthma, 1; bronchitis, 1;						•	, .
7		1	spinal curvature, 1						Good	Ves
4		2							Light poor	
3									Good	Yes.
3 3		$\begin{vmatrix} 2\\1 \end{vmatrix}$	Cardiac, 1					Scarlet fever, 2	Very satisfactory.	Clean: adequate.
4		8							No	Yes.
4		$\begin{vmatrix} 3 \\ 2 \end{vmatrix}$	Heart, 1						Good	Good.
3									Crowded	Inadequate.
1		2							Good	Good.
$\frac{7}{23}$		4			2	1	1		Fair	Fair.
4		2		1					G00d	l'00ľ.
		1	Pound abouldon 1: boils 1						Excellent	
$\frac{4}{7}$		1	Round shoulder, 1; boils, 1						Fair	
73	50	28	Cardiac, 4; nervous, 4	1	4			Smallpox, scarlet fever,	Good	Yes.
1		1						diphtheria, measles Whooping-cough	11	Clean.
12	3	10	Heart, 1; spinal.curvature, 1			1		Chicken-pox, 14	35	Clean; adequate.
$\frac{3}{12}$								Pertussis	Heating facilities	11
									in cold weather	
8									inadequate Satisfactory	11
7		1	Orthopædic, 1						Good	Yes.
4								Chicken-pox, 5	Satisfactory	Two Lo'con
• • • •						1			Poor	Two; c.ean.
3									Good	Yes.
3	2	1	Cardiae, 1					Mumps,	Adequate	
4		1						Measles, chicken-pox	Very good	
2									Good	Good.
41	6	9	Special curvature, 1						11	
3	1	$\begin{vmatrix} \frac{1}{1} \end{vmatrix}$.,	11
2			Cardiae, 1					Scarlet fever, whooping- cough	11	Adequate.
16		10	Anæmia, 1; slightly damaged						11	Clean; adequate.
			hearts, 6: epileptic, 1	1						
$\frac{2}{54}$	4	$\frac{1}{3}$	Nasal spurs, 3					Measles	11	Yes.
8		6							Fair	11
5								Whooping-cough	Good	11
$\frac{\cdots}{2}$		1						w nooping-cough	Fair	11
1		2					A .		Good	Clean; adequate.
19	3	1							Not crowded; ven- tilation good;	Good.
	1				1		1		heating poor	

Name of School.	Medical Inspector.	School Nurse.	No. of Pupils enrolled.	No. of Pupils examined.	Malnutrition.	Defective Mentality.	Defective Vision.	Defective Hearing.	Defective Nasal Breathing.	Adenoids.	Enlarged Tonsils,
Ingersoll Mountain. Ingram Mountain. Ioco. Irving's Landing. Isabella Point. Jaffray. James Island Jesmond.	C. R. Symmes A. Henderson E. M. Sutherland H. A. Christie S. E. M. Hoops		10 9 118 15 12 31 55 9	8 9 112 13 12 29 44 9	3 2 1 2 1	1	6 1 5 2 1	2	7 2 6 6	2 7 2 4 6 3	6 3 16 2 2 8 16 6
Joe Rich	W. J. Knox		10	10	2		1		2	2	3
Johnson's Landing Jordan River	D. J. Barelay		6 9	6 9	$\begin{vmatrix} \dots \\ 2 \end{vmatrix}$		1	 1		2	3 2
Jura. Kaleden Kaleva Keefers Kelly Creek. Kelowna, East	H. McGregor C. A. Watson P. M. Wilson A. Henderson		13 18 13 10 9 70	13 18 13 10 9 61	1 1 4	1 1 2	1 1 3 7	1	2 1 6	3 1	2 1 3 3
Kelowna, South	11		15	13	2		4		2	2	3
Keremeos	M. D. McEwen	Miss P. East	82	82		2	1			4	4
Kerr Creek. Kettle River, North Kettle Valley. Kildonan Killarney. Kimberley.	W. Truax A. Francis A. D. Morgan Lee Smith		12 10 14 15 8 418	12 10 14 15 7 415	1	1	1		2 2 8	1 2 8	4 2 4 3 3 12
Kincolith Kingcome Inlet Kingsgate Kinnaird Kispiox Kitchener Kitsumgallum	C. A. Watson. G. B. Henderson. J. B. Thom. W. J. Lightburne. G. B. Henderson		12 8 12 8 11 39 155	12 8 12 6 11 39 147	3 5		1 6 14				2 1 10 45
Kitwanga	V. E. R. Ardagh		13	10					1	1	1
Koksilah. Krestova Lackenby. Lac la Hache Lakelse Valley Lakes District Lang Bay. Langford.	W. N. Turpel W. R. Stone A. Henderson		18 31 15 8 13 11 19 51	13 30 15 7 4 11 17 51	1 4 1 3 3	2	1 2 1 1 2 3	2	$\frac{1}{2}$	3 1 2 1 2	13 3 1 1 6 5 12
Larchwood Lawn Hill. Lazo Lee Lee Creek Lillooet Lindell Lister Little Fort. Lone Butte Long Beach Long Lake Longworth	T. A. Briggs. J. Sandilands. W. Scatchard. A. C. Nash J. C. Elliot. G. B. Henderson R. W. Irving. R. H. Mason. H. H. MacKenzie. R. W. Irving	Miss Garrood.	10 9 41 9 7 66 27 23 36 17 16 17 24	10 9 36 9 7 59 27 22 36 17 16 17 23	1 2 1	3	3 3 1 1 2 1 3 	5	$\begin{bmatrix} 3 \\ \cdots \\ 1 \\ 2 \\ \cdots \\ 2 \end{bmatrix}$	1 7 4 1 2 1 6 2 1 8	1 7 4 1 7 4 6 2 5 12
Lumberton Lumby Lund Lytton Mable Lake Magna Bay Malakwa.	R. W. Irving F. W. Green H. G. Williams R. E. Ziegler P. M. Wilson H. G. Williams W. Scatchard J. H. Hamilton		16 9 12 57 77 30 29 13 15 39	16 9 12 56 77 30 28 13 12 36		1	4 3 1 2		2 3	1 4 3 	5 4 1 4 14 4 7 2
Malcolm Island	W. R. Stone		61 12	61 12	•••	1	8 1		$\begin{bmatrix} 3 \\ 6 \end{bmatrix}$	6	29 7

Defective Teeth.	Enlarged Glands.	Goitre.	Other Conditions, specify (Nervous, Pulmonary, Car- diac Disease, etc.).	Vermin.	Scabies.	Impetigo.	Ringworm.	Acute Fevers which have occurred during the Past Year.	Condition of Building. State if crowded, poorly venti- lated, poorly heated, etc.	Closets. State if clean and adequate.
1	5	$\begin{bmatrix} 4\\3\\20 \end{bmatrix}$	Cardiae, 2					Whooping-cough, 25	O. K	Fair. O.K. Excellent.
15	9 							Whooping-cough	Good	Good.
10	2									Satisfactory. Clean; adequate.
27 2	6	2								
4	2	4	Anæmia, 1; curvature of spine,						Good.	pair. Sanitary; adequate.
2 3	3	6	Anæmia, 2		5				No Satisfactory	Yes.
		4 2	Nervous, 1		 		,	Chicken-pox, influenza.	Good	Yes.
2 8 2		3						Influenza, 2		Clean; adequate.
	$\frac{1}{2}$								11	Good.
10	4	9	Diabetes, 1; chorea, 3; curvature of spine, 2; cardiac, 2; infantile paralysis, 1; bronch'al catarrh, 2						Excellent	Clean; fairly adequate.
4		2	Rupture, 1; anæmia, 1; curvature of spine, 1						Good	Sanitary; adequate.
20			Mitral regurgitation, 1			1		2		Yes.
$\frac{1}{2}$	8 2	$\begin{bmatrix} 2 \\ 1 \end{bmatrix}$							Poor	Fair.
10	7	$\frac{2}{10}$	Cardiae, 1						Good	Good.
$\frac{2}{25}$	• • • •	3 3				$\begin{vmatrix} \dots \\ 2 \end{vmatrix}$		Rubella	Should be two jan- itors	Yes.
2 6									Satisfactory	Satisfactory.
3									11	11
5 4		1	Pulmonary, 1							One; adequate.
3 68	21	$\begin{vmatrix} 2\\ 31 \end{vmatrix}$	Crypt orchid, eczema, arm vul-						Good	
5		1	garis, chorea				1		good condition	Two; yes.
6 15	1	17						i e	Good.	70 9
1	3									
4	1	2							11	Poor condition.
9	· · · · · · · · · · · · · · · · · · ·	2						1	11	Good.
5	10	1	Round shoulder, 3; cardiac, 1; anæmia, 2; nasal polyp., 1	i				Measles, 1; scarlet fever	Good	
									Fair	Poor.
9		1							Fair	Two; fair.
$\begin{array}{c} 7 \\ 26 \end{array}$	11	$\begin{vmatrix} 2\\2 \end{vmatrix}$	Cardiac, 2		,				Satisfactory Full	
18	1	1	Chorea, 1						Good	One; fair.
$\frac{1}{2}$		1 1						Epidemic of scarlet fever		Two; clean.
3 5	. :	1	Bronchial						Conditions good	Clean; adequate.
13	6	2		1	1			Measles epidemic Influenza, German mea- sles	Building in rather poor shape; not	Outside toilets in
3		4							crowded Fair	· '
5				1					Good	Two; clean.
5 5		9 3	Cardiac, 2; deviated nasal, 1				1		11 /	Clean.
1	1	3		1		1		Measles, pertussis	FairGood	Adequate. Boys' dirty
10	$\begin{vmatrix} 6 \\ \cdots \end{vmatrix}$	12							Not good	Good.
4 2		3 2					• • • •	Whooping-cough, scarlet fever	Satisfactory	Good.
48 7	1	8					11	Influenza, 5		
	}			l	1	ţ	1	L	1	

Name of School.	Medical Inspector.	School Nurse.	No. of Pupils enrolled.	No. of Pupils examined.	Malnutrition.	Defective Mentality.	Defective Vision.	Defective Hearing.	Defective Nasal Breathing.	Adenoids.	Enlarged Tonsils.
Mara. Marten Lake. Martin's Prairie Marysville Masset. Mayne Island	R. W. Irving D. P. Hanington J. C. Duun		69 12 29 21 17 21	62 12 29 20 17 18	1 1 2 	1 4 1	3 4 		3 1	3 1 4 	18 3 4 1 9
Mayo. Mayook. Meadowbrook Meadow Spur. Meadow Valley. Medora Creek. Menzies Bay Merville Metchosin Michel Midway Mill Bay Minto	D. P. Harington. J. D. Thom. F. W. Andrew H. G. Williams R. Ziegler T. A. Briggs I. B. Hudson F. J. Buckley. A. Francis F. T. Stanier.	Miss Naden	12 17 15 17 9 9 13 44 30 165 37 24 43	11 15 15 17 9 9 13 41 30 164 37 22 43	1 1 7 1 5		1 1 1 1 2 2 2 3 1 5	3	$ \begin{array}{c} 1 \\ 3 \\ \dots \\ 3 \\ \dots \\ 37 \\ \dots \\ 37 \\ \dots \\ 2 \end{array} $	1 3 3 2 10 2 40 1	4 4 2 3 1 2 10 6 33 7 3 6
Mirror Lake	D. J. Barclay		7 59	7 55	2	1	3 4		$\frac{1}{6}$	1 5	$\begin{vmatrix} 1 \\ 7 \end{vmatrix}$
Moberly	R. E. Ziegler. R. W. Irving L. T. Davis.	Miss Jukes	8 7 11 10 12	8 7 11 10 10			1	1			$\begin{vmatrix} 3 \\ \ddots \\ 2 \\ 6 \end{vmatrix}$
Mountain Mount McPherson Moyase Moyie Mud River	J. H. Hamilton F. W. Green		61 13 20 66 11	58 12 18 60 9				1	7 1 	6 1 1	15 4 9 1
McConnell Creek Mackenzie McLure McMurdo Nakusp Nanaimo Bay Nanoose Bay Naramata Needles	A. Henderson F. V. Agnew J. Sandilands. A. J. Stuart G. E. Bayfield. C. J. M. Willoughby Paul Ewert. P. J. Emerson T. J. McPhee. L. T. Davis. F. W. Andrew J. E. H. Kelso	Miss Jukes	7 18 7 66 18 11 9 15 108 94 16 59	7 18 7 66 16 11 9 13 108 90 16 52	2 1 1 3 4	1 1 2	1 1 13 2 4 1 3	6 2	2 2 6 11	2 1 2 12 11 	3 2 18 2 2 2 2 1 62 7
New Denver	H. A. Christie		74 15 14	74 15 12	2	1	4		. 7 1	7 1	22 7 2
New Michel. Nickel Plate Mine. Nicola Nicola, Lower. Nicomen Nicomen, North	M. D. McEwen J. J. Gillis A. J. Stuart		187 11 13 26 37 33	185 11 12 16 34 28	4 1 1 2	3 1 2 2	4 1 1 2 1	2	$\begin{bmatrix} 12 \\ 3 \\ 2 \\ 4 \\ \cdots \\ 1 \end{bmatrix}$	14 3 2 4 2 5	42 3 3 4 16 11
Nimpkish Nob Hill Noble Creek Noosatsum North Bend.	T. A. Briggs. R. W. Irving. G. E. Bayfield.		18 7 7 9 78	17 5 7 9 75	3 1		5 1 2	2	2 1 4 7	7 2 4 9	6 2 4 19
Northfield North Saanich Norwegian Creek Notch Hill Ocean Falls	S. E. M. Hoops		55 98 13 23 156	52 95 13 22 148	1 3 13	8	4 2 1 14	1	8	6 4 8	20 1 6 4 22
Okanagan Okanagan Centre	W. J. Knox		42 10	38 10	1		4 1		3	3	4

Defective Teeth.	Enlarged Glands.	Goitre.	Other Conditions, specify (Nervous, Pulmonary, Cardiac Disease, etc.).	Vermin.	Scabies.	Impetigo.	Ringworm.	Acute Fevers which have occurred during the Past Year.	Condition of Building. State if crowded, poorly venti- lated, poorly heated, etc.	Closets. State if clean and adequate.
20	1	3							GoodO.K.	
3 3	i	···i							Good	Two; clean.
4		1	Cleft palate, 1; varicocele	• • • •				Rubella	Excellent	Clean; adequate.
10		1		• • • •	• • • •	• • • •		•••••	Not crowded; well ventilated and heated	11
8 5		$\frac{\dots}{2}$							Good Satisfactory	11
2									Good	11
10 8	3	1 1	Cardiac, 2				4		No	Yes.
		• • • •		• • • •	• • • • •				Good	Good. Adequate.
2 11		3	Hip-joint deformity, 1			2			11	Yes.
3	4		Orthopædic, 1; anæmia, 2 Chorea, 1	• • • •	8	····		Measles, 1; pertussis, 7	11	19
98	51 37	89 32	Cardiae, 1.						O.K	O.K.
14	1.0		Infantile paralysis, 1					Measles.	Good	Yes. Clean; adequate.
25 3 11	16 	6 6	Skin-disease, 5; wax in ears, 7; nasal catarrh, 1 Chorea, 1; eczema, 2; cardiac,					German measles, 5		Yes.
11	2	U	1; anæmia, 2			}				adequate.
4	1	$\frac{1}{2}$							Adequate	Clean. Adequate.
2									Vany good	Two; clean.
6		9			,				Very good	Two; fair.
15		_				1		Measles, 5	demned Good	Yes.
17	3	5 6				1		measies, 5	11	Good.
8	• • • •	7	Murmur, 1						11	Clean.
14 6		13 2				1			Log building in good condition; lighting and ventilation fair	Clean; adequate.
1	1	2							O.K. Good	
3		3							G00d	Yes.
29	4	1			11			Chicken-pox, 18	Old and worn	Two; good.
2 5		$ \cdots \rangle$							Good	Good.
4 2	4	4						Who aming accords		
$\frac{2}{16}$	$\frac{1}{2}$	36	Chorea, 11; cardiac, 6				1	Whooping-cough Chicken-pox, 3	11	Fair.
18	6	8	Anæmia, 1					Smallpox, measles	Very good	Yes.
4 33	9	10	Anæmia, 3; eczema, 4; chorea,					Chicken-pox, 7	No	Yes.
			Tabes mesenterica, 1					Influenza	Fair	Clean: adequate
7		$\begin{vmatrix} 3\\2 \end{vmatrix}$	Hip- joint disease						Satisfactory	11
6	1	2						Influenza	tilation and heating good	good condition.
78 4	40	87		••••	2				No	Yes.
3 6	1	2	Asthmatic, 1		1	1	1	Measles	Good	Clean.
$\begin{array}{c} 6 \\ 10 \end{array}$	2	2 15	Cardiac, 1			1				Clean; adequate.
12		5	Badly contracted nasal passage,					Chicken-pox, 6	Needing many repairs	
14		1	Endocarditis, 1						Good	
2		$\begin{vmatrix} 1 \\ 3 \end{vmatrix}$			2				11	Two; clean.
6		4								Good.
34	17	21	Chronic bronchitis, 1; aortic insufficient, 1							
16	4	7					3	Smallpox	Good	Yes.
44	ii	6					1		O.K	O.K.
16 30	1	l	Cardiae, 3; hernia, 1; asthma,					Whooping-cough, 23; chicken-pox, 3	Excellent; well ventilated and	Not clean. Clean; adequate.
6	1	2	Anæmia, 1; pigeon-chest, 1						heated Good	Clean.
3		1	Bronehial catarrh, 1					Chicken-pox	11	Sanitary ; adequate.

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Okanagan Falls Okanagan, South			23 54	23 49	1 3	$\begin{bmatrix} 2 \\ 2 \end{bmatrix}$	6	1	4	3	3 8
Okeover ArmOlallaOliver	M. D. McEwen	Miss P. East	10 21 83	10 21 81	2	1 1	22	1		 1	3 17
Olson Lake. 150-Mile House. One Mile Creek. Orange Valley Osland. Osoyoos Otter Point Outlook Oyama Oyster Bay Oyster, North Oyster River. Oyster, South. Pachelqua.	F. V. Agnew. Lee Snith. W. R. Stone. R. G. Large. G. H. Kearney I. B. Hudson W. Truax H. G. Williams. T. A. Briggs. H. B. Maxwell T. A. Briggs. H. B. Maxwell	Miss Hewertson .	11 9 15 16 9 6 12 23 63 10 34 11 24 10	11 9 11 16 9 6 12 22 62 7 34 9 22 8	3 2		1 2 1 2	1 1	3 4 1 1 3	5 4 1 2 2 4 1 1 1 1	5 2 11 7 3 5 4 10 1 6 1 6
Pacific. Palling. Park Siding. Parksville Parsons Pass Creek. Passmore. Pemberton Meadows. Pemberton Range. Pender Harbour Pender Island. Pender Island, South. Perow Perry Siding. Pinantan. Pine Popcum Port Alice. Port Clements. Porteau Port Hardy. Port Renfrew Port Simpson Pouce Coupe, Pouce Coupe, Central Pouce Coupe, East Powell River.	V. E. R. Ardagh J. T. Steele J. B. Thom L. T. Davis Paul Ewert H. H. MacKenzie N. J. Paul R. W. Irving A. Henderson E. M. Sutherland C. H. Hankinson H. H. MacKenzie R. W. Irving J. Gillis J. C. Elliot J. A. Street J. C. Dunn A. M. Menzies C. A. Watson W. E. Bavis R. G. Large W. A. Watson	Miss Jukes	10 12 79 17 29 17 18 8 22 49 12 15 24 5 9 32 28 15 10 11 13 11 23	9 6 12 78 17 26 16 18 8 22 49 10 15 24 9 32 28 15 10 9 13 11 23 15 12 432	8	1	1 3 	3 1 1 	1 2 1 1 1	2 3 1 	6 15 7 8 3 3 3
Prairiedale Princeton. Princeton, East Procter Puntledge	Lee Smith	Miss Garrood	177 15 52	12 172 15 48 9	2 1 8 1	2	1		3	2 20 3 2 2	2 46 5 19 3
Qualicum Beach Qualicum, Little Quatsino Queen Charlotte City Queen's Bay Quesnel Quesnel, West Quick Raft River Red Gap Refuge Cove Reiswig Renata Rendezvous. Rhone Riondel Roberts Creek, East. Robins Range. Rock Bay Rock Creek Rock Creek, Upper	J. A. Street G. H. Bleecker D. J. Barclay G. R. Baker G. C. Paine M. G. Archibald L. T. Davis R. E. Ziegler H. G. Williams J. E. H. Kelso R. E. Ziegler A. Francis D. J. Barclay F. Inglis C. J. M. Willoughby J. E. H. Kelso W. W. Birdsall A. Francis	Miss Jukes	16 21 30 8 89 7 19 12 19 8 7 33 8 18 11 14 11 25 12 28	63 16 21 30 8 89 7 19 8 19 8 7 33 8 17 11 11 11 8 21 9 27 10	1		1 1 1 1 1 5 2 1		2 1 1 2		10 2 8 5 5 2 4 2 1 8 3

Defective Teeth.	Enlarged Glands.	Goitre.	Other Conditions, specify (Nervous, Pulmonary, Cardiac Disease, etc.).	Vermin.	Scabies.	Impetigo.	Ringworm.	Acute Fevers which have occurred during the Past Year.	Condition of Building. State if crowded, poorly venti- lated, poorly heated, etc.	Closets. State if clean and adequate.
4 10	2 4	5 3	Nervous, 1; acne, 1; anæmia, 2 Threatening chorea, 3; bron- chial catarrh, 3; diabetes, 1; cardiac, 2; anæmia, 3	••••	••••		• • • •	Influenza Chicken-pox, 8	Excellent	adequate.
2 2 15	19	10 11 2	Psoriasis, 1; deformed palate, 1; cleft palate, 1 Pharyngitis, 1			1		Acute rheumatic fever, 1	Satisfactory	Clean; adequate.
3 3 8			That jugitis, 1					Measles	Fair	
8 8 3 4	$\begin{bmatrix} 1\\2\\4\\1\end{bmatrix}$	 2 1	Round shoulder, 1; nervous, 1	• • • •					Satisfactory	
1 20 2		1 3	Psoriasis, 1					Smallpox, 6	Efficient.	Two; good. Yes.
$\begin{array}{c} 12 \\ 2 \\ 7 \end{array}$		3		••••				Measles, 1	Efficient	Satisfactory; need new doors. Yes.
$\begin{array}{c}2\\6\\11\\3\end{array}$	1	6				1		Measles, chicken-pox Whooping-cough	Satisfactory Very good Good	Clean; adequate.
12 4 14	1 1 10	3 4 1	Heart, 2					Measles.	Good	Clean. Two ; clean.
17 4	6	1 1	Itch, 1						Satisfactory	Good. Satisfactory. '' Yes.'
(2	Not	exa 1	Heart, 2; nervous, 1 mined as closed before arrival)	• • • •					Good	Dirty.
20 10 5	1 5 	4							Fair Excellent Satisfactory	Poor building. Yes. Clean; adequate.
4 3 8 8	3	1 4							Satisfactory	''' ''' Yes.
4 1 5	3	5 4 19	Cardiae, 3; orthopædic. 6; anæmic, 2; pneumonia T.B., 1; acne, 1			1		Measles, scarlatina		Good.
8 55 5 7		2 46 2 13	Heart, 1; enuresis, 1					Chicken-pox, 43.	11	Yes. " Clean; adequate.
6	3	2	Nerve-disease, 1; wax in ears, 3; nasal obstruction 1; skindisease, 1; blepharitis, 2					Measles, chicken-pox		11
5 6 2	6	7							Good	Yes. Fair.
4 4	1	$\begin{vmatrix} 4 \\ \dots \\ 2 \\ 3 \end{vmatrix}$				5		Measles	Satisfactory	Good.
1 3									Adequate Good Fair	Adequate. Good. Yes.
2 2 2 7	12	5 11							Only fair	O.K. Yes.
2 3 4 5	2 22	13							Adequate	O.K.
2	7	1	Cardiac, 1		1				11	"

Name of School.	Medical Inspector.	School Nurse.	No. of Pupils enrolled.	No. of Pupils examined.	Malnutrition.	Defective Mentality.	Defective Vision.	Defective Hearing.	Defective Nasal Breathing.	Adenoids.	Enlarged Tonsils.
Rock Mountain	A. Francis. I. B. Hudson R. H. Mason		15 10 9	14 7 9	1		1		1	1 2 1	6 3 3
Rolla Roosville Rosebery Rose Hill Rose Lake Round Lake Round Top Royston	G. C. PaineR. W. Irving		66 11 11 15 8 17 8	62 10 11 15 6 17 8 28	1		4 1 4 1 1	1	3 3 3 2 4	8 1 2 2 3	10 4 4 3 3 4
Rutland	W. J. Knox		158	145	11	3	11	1	13	12	16
St. Elmo	H. N. Watson		24 20	19 20	1		2	 5	6 1	6 2	9 6
Salmon Bench Salmon River Salmon Valley Sand Creek			6 45 18 9 12 11 12 65	6 45 16 6 · 11 11 11 65	1 2		3 2 6	3 •1 	6 3 1 1 2	2 10 4 1 1 6	27 16 1 5 2 2 32
Sandspit	T. A. Briggs W. A. Watson E. M. Sutherland C. J. M. Willoughby C. A. Watson "R. Ziegler F. Inglis J. C. Stuart F. T. Stanier.	Mrs. E. M. Walls.	21 51 12 6 9 8 11 10 36 10 48 9	21 49 12 6 7 7 11 10 32 9 46 9	1	1	· · · · · · · · · · · · · · · · · · ·	3	3	2 8 2 1 4 3 2 6 5	2 20 4 1 2 4 4 2 4 1 9 6
Sheraton	R. H. Mason		12 8	12 8				• • • • • •		3	3
Shirley. Shoreacres Shuswap. Shuswap Falls Shutty Bench. Sicamous. Sidney Silver Creek Silverton Sinclair Mills	H. H. MacKenzie W. Scatchard H. G. Williams D. J. Barclay E. Buckell S. E. M. Hoops E. Buckell Wm. E. Gomm		50 14 9 20 115 22 71 11	35 13 9 8 15 111 18 71 11	1	1	1 2 3 11 1		1	1 2 1 3	9 2 2 3 2 7 12 6
Sirdar Sisters Creek Skidegate Slocan Junction Slocan Park Smithers	G. R. Baker G. H. Bleecker H. H. MacKenzie		25 13 6 45 17 180	24 13 6 43 17 180		1	• • • •			1 1 1 .3	5 2 16 3 57
Soda CreekSolsqua	F. V. Agnew		16 25	14 25		1 1		• • • •		2	2 4
Sooke	I. B. Hudson		66	66	1	3	7	3	3	2	10
Sooke, East	11		12 15 12	9 15 12	2	••••	2 1	1	2 1 1	$\frac{3}{2}$	4 5 1

Defective Teeth.	Enlarged Glands.	Goitre.	Other Conditions, specify (Nervous, Pulmonary, Cardiac Disease, etc.).	Vermin.	Scabies.	Impetigo.	Ringworm.	Acute Fevers which have occurred during the Past Year.	Condition of Building. State if crowded, poorly venti- lated, poorly heated, etc.	Closets. State if clean and adequate.
5 4 4	9 4 1	4	Anæmia, 2					Pertussis, 7	Satisfactory	O.K. Yes. Fairly sanitary.
15 5	2	14							FairSatisfactory	Yes. Clean; adequate.
1 2	4 2	2 2 3	Adenoid tumour, 1							Adequate.
12	3	1	Splinter in brow, 1; anæmia, 1; wax in ears, 2; nasal catarrh,						Good	Clean; adequate. Two; clean. Clean; adequate.
26	7	15	Chorea, 3; cardiac, 4; curvature of spine, 4; anæmia, 11; eczema of face, 5; pulmonary		• • • •			Scarlet fever 9; chicken- pox, 48	lighted Excellent	11
8 14	1 3	4	T.B., 1; orthopædic, 3 Result osteomyelitis leg, 1						Good	Clean; poor building. Fair.
10 4 3	1	6 9 1	Cardiac, 3						Good	Yes. Fair.
3 5 3 8 32	1	5 19	Toxic goitre, 1						11	Yes. Good. Clean; adequate. New; clean; adequate.
3								11	ed, and heated; sanitary drink- ing-fountains	Poor.
14 2 1	1	$\begin{vmatrix} 2\\6\\ \ldots \end{vmatrix}$								Yes. Satisfactory.
5 8 2	3	$\begin{bmatrix} 2 \\ 3 \\ \cdots \end{bmatrix}$							FairGood	Clean; adequate. Poor. Adequate.
10 2 21	1	1 1							Satisfactory Good	Yes. Satisfactory. Yes.
5	5	1	•		1		1		Not crowded; ven- tilation and heating good Desks small	Outside toilets in fair condition. Adequate.
5	4		Nervous, 1; discharging ear, 1; conjunctivitis, 2 Round shoulder, 3; cardiac, 2;		1					No doors.
13 12 3		10 3							Good Satisfactory Good	Poor. Not clean. Good.
5 5 60 2		8 1 2 3			1				Satisfactory Excellent Satisfactory	
	1	13							Good	Clean; adequate. Outside toilets in fair condition.
1 1 1 12		4							Good	Clean; adequate. Yes. Poor. Dirty.
7 61	1 49	5 3	Pnenmonia, 1; fractured tibia, 1; herpes, 1; colds, 2; heart, 1	••••					11	Clean; adequate. Yes.
3									Badly over- crowded; poorly ventilated	
8	8	1	Round shoulder, 5; cardiac, 2; asthma, 2; nervous, 1; anæmia, 4						Excellent	
5 6 3	6		Round shoulder, 4; anæmia, 1 Anæmia, 2					Scarlet fever, 4	Unsatisfactory Too small Good	Fair. Clean; adequate.
		l.		1		0	1			

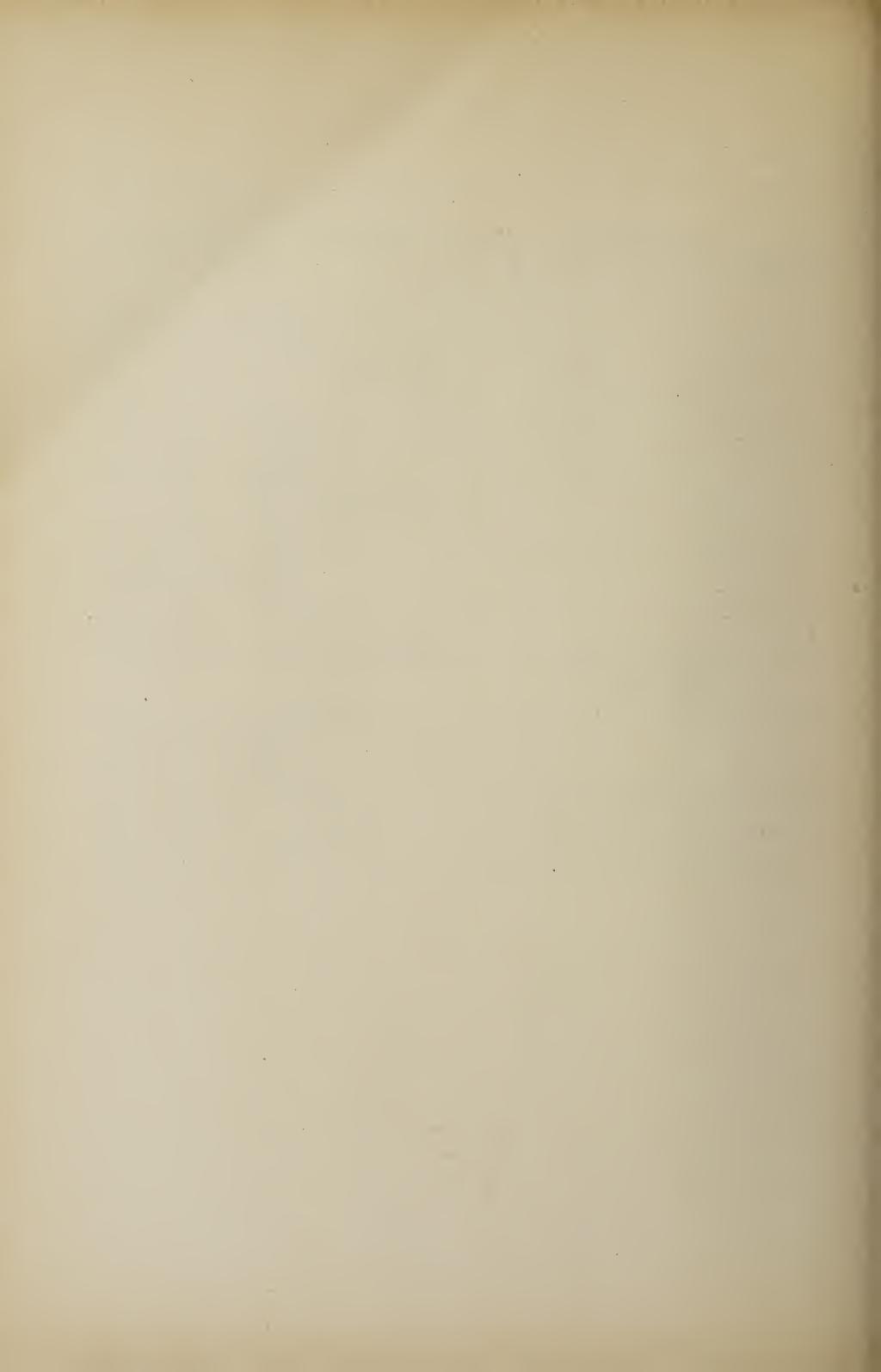
	Medical Inspector.	School Nurse.	No. of Pupils enrolled.	No. of Pupils examined.	Malnutrition.	Defective Mentality.	Defective Vision.	Defective Hearing.	Defective Nasal Breathing.	Adenoids.	Enlarged Tonsils.
So uth Bank	H. W. Keith. F. V. Agnew J. H. Hamllton R. W. Irving N. J. Paul		24 11 10 26 15 11 17 13 6 22 114 9	18 11 10 26 11 11 14 12 6 22 114 9	2 3 1	1	1 1 2 1 2 5		3 2 2 1	1 2 3 2 1 4 4 1	1 3 2 3 3 2 2 2 5 15
Squirrel Cove. Stewart Stillwater Stone Creek Streatham Stuart Stuart Station Stubbs Island	H. A. Whillans A. Henderson C. Ewert D. B. Lazier W. R. Stone		15 35 20 6 9 10 8 16	15 31 20 5 9 10 8 16	2		2 2 1 1 		$\begin{array}{c} 3 \\ 7 \\ \cdots \\ 1 \\ 3 \\ 2 \\ \cdots \end{array}$	3 7 2 3 2	3 14 5 2 4 2 1
Sugar Lake	D. P. Hanington R. W. Irving C. R. Symmes H. G. Williams		8 14 15 20 8	8 13 15 14 8		1	2 2 2	1	3	3 4 2	1 3 4 2
Swan Lake, North Swift Creek Sylvania Tabor Creek Tappen Siding Tappen Valley Tatla Lake Tatalrose Taylor Flats Tchesinkut Lake Telkwa Testalinda Three Forks	W. A. Watson T. O'Hagan F. T. Stanier C. Ewert E. Buckell G. H. Charter D. B. Lazier W. A. Watson J. T. Steele G. C. Paine G. H. Kearney	Miss Naden	6 17 27 13 16 7 9 16 12 7 53 19 12	6 17 24 11 14 7 9 16 12 7 53 19 12	1		3 1 1 	1	3 1 1 3 1 1 3 2	1 1 1 3 4 2 2 7	2 4 2 2 1 1 5 4 3 9 1 10
Thrums	C. H. Hankinson R. W. Irving M. G. Archibald C. J. M. Willoughby H. W. Keith E. Sheffield		8 49 9 7 18 15 8 15 14 10 14	7 42 8 7 8 15 8 15 12 10 12	1 1 1		1 3 1 ·2 		4	2 1 2 8	2 5 2 2 2 5 2
Ucluelet . Ucluelet, East . Uncha Valley . Union Bay.	Guy Palmer		19 16 11 74	19 16 11 72	13	2	1 2 1	1	2 5 4	2 5 2 3	1 2 5 2 14
Usk	R. E. Ziegler Kingsley Terry		24 12 33 86	21 12 33 86	1 7	• • • •	2 9	1	3 1 2 17	4 1 2 17	6 1 18 21
Vavenby Vesuvius. Vesuvius, North Vinsulla Waldo. Walhachin	M. G. Archibald E. M. Sutherland C. J. M. Willoughby H. A Christie.		28 12 8 52	28 12 8 38 38 32	3		1		1 1 1 1 2	1 1 1 4	3 5 3 3 8

	1								5 5	
Defective Teeth.	Enlarged Glands.	Goitre.	Other Conditions, specify (Nervous, Pulmonary, Cardiac Disease, etc.).	Vermin.	Scabies.	Impetigo.	Ringworm.	Acute Fevers which have occurred during the Past Year.	Condition of Building. State if crowded, poorly ventilated, poorly heated, etc.	Closets. State if clean and adequate.
5		3							Satisfactory	Satisfactory.
0		3								Clean.
									11	Adequate.
5 5	2 2	2 4	••••••		• • • •	• • • •	• • • • •	Measles	11	Good.
2 5			••••••					Whooping-cough		Adequate.
1			•••••							Yes.
1	2				• • • •					Needs new pits. Good.
2		1							11	Two; clean.
35 5	3	1			• • • •	• • • •	• • • •		Lighting and ven-	Clean; adequate. Fairly clean.
1	• • • •	3							Fair	Adequate.
2	11 1	2	• • • • • • • • • • • • • • • • • • • •	• • • •		• • • •	• • • •	• • • • • • • • • • • • • • • • • • • •		Clean, adequate. Good.
5		1								Fair.
	• • • •	3	• • • • • • • • • • • • • • • • • • • •					• • • • • • • • • • • • • • • • • • • •		Clean.
7 5	• • • •	• • • •		••••	• • • • •		• • • •		11	Yes.
3	• • • •				• • • •		••••	Influenza	Well-filled; ade- quately venti- lated and heated	Clean; adequate.
3	• • • •	1	• • • • • • • • • • • • • • • • • • • •		• • • • •	• • • •	• • • •	• • • • • • • • • • • • • • • • • • • •	GoodCrowded	Good.
2									Bad in all respects	
3	• • • •	2						• • • • • • • • • • • • • • • • • • • •	Fair	Dry earth;
									Good	adequate. Two; good.
1		2							Fair	Yes.
4	• • • •					• • • •		• • • • • • • • • • • • • • • • • • • •	School overcrowd-	Clean.
13					2				Good	Yes.
4		1	•••••	1	1	l			II	Fair.
4		$\begin{vmatrix} z \\ 1 \end{vmatrix}$							11	11
									Good	Clean; adequate.
5	• • • •	6	Enlarged heart, 1	• • • •	• • • •				Fair	Clean. Yes.
$\begin{array}{c c} 3 \\ 2 \end{array}$		3	Infantile paralysis, 1	1		l i			Satisfactory	Adequate.
21	1	5 6							New and good	
2 12	4	6	Disordered nervous heart, 2				• • • •		School-room large; well lighted; heated by a stove in room	
									Good	Good.
14	2	14	Endocarditis, 1							Clean; adequate.
7 3	···· 1	2	Endocarditis, 1			• • • •	• • • •		Light poor	Adequate.
			.,						Good	Yes.
	• • • •								11	Two; clean.
1	4	1	Fallen arch, 1; spinal curva- ture, 1	-	i					
6	4	3	Conjunctivitis, 1						11	Clean; adequate.
4 7		$\frac{1}{2}$	Ringworm, 1	••••		••••	1		Fair	
	• • • •			1	1				Satisfactory	Need repairs.
- 4 2 3	• • • •						• • • • •		Neither	Yes.
40	17	1	Nasal obstruction, 1; cardiac, 1; wax in ears, 11; anæmia, 5; nasal catarrh, 2; skin-disease, 2				••••	Scarlet fever, measles. chicken-pox	Good	Clean.
									03	
$\begin{array}{c c} 12 \\ 3 \end{array}$	11	4	Pigeon-chest; T.B. peritonitis		• • • •	••••			Adequate	Adequate.
22	24	5	Nervous, 2; flat feet, 1; cardiac, 1; scoliosis, 1				i	Influenza, 5; tonsillitis,	Building O.K	O.K.
35 4	4	2	Nervous, 1			4			Good	Yes. Clean: not in
	•		Flat chest 1 cardiac 1				1		G-4:-c-4	proper position
14 8	2		Flat chest 1: cardiac 1				••••		Satisfactory	Adequate.
4	4	3	Defective palate, 1						Good	Clean; adequate.
14 10	8	3				1	 		Satisfactory Well-lighted; ventilation good; capacity fully	11
14		3				1	 		Satisfactory Well-lighted; ventilation good;	11

Name of School.	Medical Inspector.	School Nurse.	No. of Pupils enrolled.	No. of Pupils examined.	Malnutrition.	Defective Mentality.	Defective Vision.	Defective Hearing.	Defective Nasal Breathing.	Adenoids.	Enlarged Tonsils.
Webber Lake Webster. Wellington Wellington, South	T. J. McPhee		53 59 9 9 64 129	47 56 9 9 57 128	1 5	1	 2 1 1 2 3	3	10 5 2 8 7	10 1 2 8 4	18 3 3 16 25
Westwold	Wm. Buchanan A. Francis A. Henderson R. W. Irving R. E. Ziegler E. Buckell A. Henderson		17 34 11 42 22 11 14 57 58	14 33 10 42 22 11 13 57 41	9	1	3 6 4 1 2 2 5		5 1 1 	5 1 3 1 	8 2 12 3 1 1 20 7
Williams Siding	H. H. MacKenzie R. H. Mason H. H. MacKenzie	Miss Garrood	34 9 4	32 9 31	8 1 4	1	4		1	7 1	16 3 12
Willow River	W. R. Stone		19 10 24	19 10 19	i	3	1		5	5	9
Wilson Creek	F. E. Coy	1	11 20 69	10 12 65	8	2	2 8	 1	2 7	2 2 6	2 2 9
Winlaw Wistaria Woodcock	D. B. Lazier	1	55 16 12	52 16 12	13	4	3		1 2	5	18 5
Woodfibre			61	60	2	2	5		3	3	27
Woodmere Woodpecker Wycliffe Wynndel Yahk Yale Ymir. Yorston's	C. Ewert F. W. Green G. B. Henderson P. S. McCaffrey W. C. G. Bissett		76 25 18	17 5 67 56 66 21 18 9	1 2 1	1	2 3 5 5 2 2 1	3	12	2 1 4 3 12 2	5 2 10 11 8 12 4

ASSISTED SCHOOLS—Continued.

										
Defective Teeth.	Enlarged Glands.	Goitre.	Other Conditions, specify (Nervous, Pulmonary, Cardiac Disease, etc.).	Vermin.	Scabies.	Impetigo.	Ringworm.	Acute Fevers which have occurred during the Past Year.	Condition of Building. State if crowded, poorly venti- lated, poorly heated, etc.	Closets. State if clean and adequate.
30 18 6	13	2 4 1				1			Good.	Yes.
16 23	8 14	2 20	Talipes, 1		2			Smallpox, measles Smallpox, measles, scarlet fever, mumps	11	
6	2	2	Toxic goitre, 1; anæmia, 1; bronchial catarrh, 1					Smallpox		Clean; adequate.
7 1	8	24 4 4	Cardiac, 1						Good	O.K. Poor.
3 8		$\begin{bmatrix} 1 \\ \cdots \\ 2 \\ 4 \end{bmatrix}$	Epileptic, 1; eczema, 1						Adequate	Adequate. Yes.
3			Epilepsy, 1					Influenza, chicken-pox, measles	Crowded	Yes.
10 4	$\begin{vmatrix} 2\\1 \end{vmatrix}$	14	Heart, 1 Nervous, 1				• • • •		Temporary quarters in a house	Fair.
8 9	5	3	Chorea, 1					Influenza	Good Not crowded; ven- tilation and heat-	Clean; adequate. Outside toilets in good condition.
6 9					• • • •			Measles, 13; whooping- cough, 4		Clean; adequate.
5 6 13	3	 1 4	Bad cleft palate, 1; curvature of spine, 3; orthopædic leg,			1		Measles, 5		Clean; adequate.
26	1	27	1; cardiac, 3; eczema, 3; anæmia, 4 Heart cases, 2						Good	,
6		2 2	illeart Gases, 2.						Thoroughly satis-	11
12	4		 			2		Measles, 6	factory First class in every respect	
7 2 4		5 1	Cardiac, 1; agriasis, 1						Satisfactory Good	Clean.
14 7 1		4							H	Clean; adequate.
6		3					• • • •		No	Yes.
	1			1	1		1			



REGISTRAR'S REPORT UNDER THE VITAL STATISTICS ACT.

Office of Registrar, Births, Deaths, and Marriages,
Victoria, B.C., November 26th, 1927.

H. E. Young, Esq., M.D., C.M., LL.D.,

Secretary, Provincial Board of Health, Victoria, B.C.

SIR,—I have the honour to submit the Fifty-fifth Report of Vital Statistics for the year ended December 31st, 1926.

POPULATION.

The census for the year 1921 gave the population of the Province as 524,582. Estimates of the population for subsequent years as given by the Dominion Bureau of Statistics are as follows:—

1922	 535,000
1923	
1924	
1925	561,000
1926	568,000

REGISTRATIONS.

The following table shows the total number of registrations, including Indian returns, received in this office for the years 1924, 1925, and 1926:—

Diminion		BIRTHS.			DEATHS.		Marriages.		
Divisions.	1924.	1925.	1926.	1924.	1925.	1926.	1924.	1925.	1926.
Victoria	1,366	1,249	1,135	662	650	731	473	491	510.
Nanaimo	869	819	803	300	309	307	185	175	196
Vancouver	4,507	4,734	4,604	2,035	1,992	2,215	1,988	2,173	2,237
New Westminster	1,376	1,509	1,627	617	679	742	434	451	475
Ashcroft	285	277	288	107	111	115	80	60	60
Grand Forks	1,144	1,184	1,045	427	438	522	296	295	342
Alberni	659	645	610	220	232	230	154	1 53	140
Beaton	1,046	1,187	1,227	455	401	479	335	334	365
Indian Reserves	408	469	486	457	. 436	383	120	106	127
Totals	11,660	12,073	11,825	5,280	5,248	5,724	4,065	4,238	4,452

BIRTHS.

The total number of living births in the Province, including Indians, for the year 1926 was 10,063, as against 10,342 for the year 1925, giving a rate of 17.7 per 1,000 population, as against 18.4 in the year 1925.

That all the births that occur in the Province are not registered as required by the "Vital Statistics Act" is evident from the very large number of delayed registrations which continue to be submitted to the Department from year to year.

The following table gives an	analysis of	births for t	the past	five years:—
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	TOTAL I	BIRTHS.	SING	GLE.		TWIN.		ŗ	TRIPLET.		Legiti-	Illegiti-
Year and Sex.	Born alive.	Still- born.	Born alive.	Still- born.	No.	Born alive.	Still- born.	No.	Born alive.	Still- born.	mate.	mate.
1922.												
Male	5,293 4,873		$\begin{bmatrix} 5,184 \\ 4,761 \end{bmatrix}$		109	108 110		1	$egin{bmatrix} 1 \ 2 \end{bmatrix}$		5,235 4,800	58 73
Totals	10,166	272	9,945			218			3		10,035	131
1923. Male Female	$egin{array}{c c} 5,176 & \\ 4,825 & \\ \end{array}$		$egin{array}{c c} 5,056 & \\ 4,698 & \end{array}$		135	120 127	15 8				5,125 4,752	51 73
Totals	10,001	299	9,754			247	23				9,877	124
1924. Male	$egin{array}{c c} 5,203 & \\ 4,916 & \\ \end{array}$		5,119 4,814	146 120	98	83 103	6 4	1			5,121 4,828	 82 88
Totals	10,119	279	9,933	266		186	10			3	9,949	170
1925. Male	5,329 5 013		$\begin{bmatrix} 5,241 \\ 4,921 \end{bmatrix}$	143 111	111	95	10 16			••••	5,214 4,921	115 92
Totals	10,342	280	10,162	254	•••••	196	26			••••	10,135	207
1926. MaleFemale	· ·	311	5,043 4,776	153 125	137	124 117	18 15	1	$egin{pmatrix} 1 \\ 2 \end{bmatrix}$		5,062 4,807	106
Totals	10,063	 	9,819 	278	*****	241	33		3		9,869	194

NATURAL INCREASE.

The natural increase for the past five years is shown in the following table:-

		MALE.			FEMALE.		BOTH SEXES.		Rate of	
Year.	Birth	s. Deaths.	Excess of Births over Deaths.	Births.	Deaths.	Excess of Births over Deaths.	Excess of Births over Deaths.	Population (estimated).	Natural Increase per 1,000 Population.	
4000	5,295 5,176		$\begin{bmatrix} 2,241 \\ 2,106 \end{bmatrix}$	4,873 4,825	1,855 1,927	3,018	5,259	539,000	9.8	
-034	$\begin{bmatrix} 5,176 \\ 5,203 \end{bmatrix}$	1 '	2,100	4,916	1,924	2,898 2,992	5,004 $5,115$	$\begin{bmatrix} 544,000 \\ 553,000 \end{bmatrix}$	$\begin{array}{c} 9.2 \\ 9.2 \end{array}$	
400=	5,329		2,282	5,013	1,898	3,115	5,397	561,000	9.6	
1926	5,168	3,332	1,836	4,895	2,142	2,753	4,589	568,000	8.0	

DEATHS.

The total number of deaths in the Province for the year 1926 was 5,474, and of these 3,332 were males and 2,142 females. The rate per 1,000 population was 9.6, as against 8.8 in the year 1925. An analysis of the deaths shows that 2,172 of the decedents were single, 2,411 were married, 875 were widowed, and in 16 instances the condition was not given. The nativity of the decedents was as follows: Canadian, 2,598; British, 1,760; United States, 341; other foreign, 717; and 58 not stated. The racial origin of 1,994 decedents is given as English, 588 as Irish, 1,147 as Scotch, 59 as Welsh, 416 as Indian, 224 as Chinese, and 161 as Japanese.

The causes of death by sex in cities of 1,000 population and over during the year 1926 is given at the end of this report.

INFANT MORTALITY.

The total number of deaths of children under 1 year of age for the year 1926 was 588, as against 569 for the year 1925, giving a rate per 1,000 living births of 58.4 for the year 1926, as against 55 for the previous year. The principal causes of death among children under 1 year of age is shown below:—

Cause of Death.	1922.	1923.	1924.	1925.	1926
Premature	154	190	158	158	183
Congenital debility	88	52	40	49	37
Malformations	54	62	$\frac{1}{1}$ 52	50	83
Diarrhœa	75	36	38	39	26
Bronchopneumonia	50	51	17	37	36
Injury at birth	39	38	28	32	20
Pneumonia	35	26	34	20	32
Whooping-cough	11	23	19	27	23
Influenza	29	13	12	10	15
Convulsions	•17	10	7	14	8
Tuberculosis	11	8	13	12	11
Other causes	129	109	156	121	114
Totals	692	668	574	569	588
Living births	10,166	10.001	10,119	10,342	10,063
Rate per 1,000 living births	68.1	66.8	56.7	55.0	58.4

MATERNAL MORTALITY.

	1922.	1923.	1924.	1925.	1926.
Accidents of pregnancy:					
(a.) Abortion.	13	4	6	$\frac{1}{2}$	••••
(b.) Ectopic gestation		3	1		2
(c.) Other accidents of pregnancy	5	1	4		2
Puerperal hæmorrhage	6	9	11	6	9
Other accidents of childbirth:		ĺ			
(a.) Caesarean section		3	••••	2	5
(b.) Other surgical and instrumental delivery		1	1	5	2
(c.) Others under this title	5	2	2	6	
Puerperal septicæmia	13	14	21	19	15
Phlegmasia alba dolens, embolism, sudden death	4	7	3	10	7
Puerperal albuminuria and convulsions	14	13	15	3	19
Following childbirth (not otherwise defined)	3	6	5	6	3
Puerperal diseases of the breast				1	1
Totals	63	63	69	60	65
Rate per 1,000 living births	6.2	6.3	6.8	5.9	6.4

TUBERCULOSIS.

According to the census of 1921, 20.1 per cent. of the total Indian, 59.5 per cent. of the total Chinese, and 94.5 per cent. of the total Japanese population of the whole Dominion were located in the Province of British Columbia. An analysis of the returns of deaths from tuberculosis shows that in the year 1926 these three races alone accounted for 232 deaths out of 532, or 44.6 per cent. of all deaths from tuberculosis in the Province. That the high rate of deaths from tuberculosis among these three races has a marked effect on the rate for the whole Province is evidenced by the following:—

	Deaths, T.B.	Rate per 1,000 Population.
Japanese, Chinese, Indians	232	3.70
Other races	300	0.59
Province, all races	532	0.91

BRITISH COLUMBIA, ALL RACES INCLUDED.

Year.	Deaths from Tuberculosis.	Deaths, all Causes.	T.B. Rate per Cent., all Deaths.	Population.	T.B. Rate per 1,000 Population.
1921	512	4,572	11.19	$524,\!582$	0.97
1922	507	4,907	10.33	539,000	0.94
1923	525	4,997	10.50	544,000	0.96
1924	527	5,004	10.53	553,000	0.95
1925	538	4,945	10.87	561,000	0.95
1926	532	5,474	9.72	568,000	0.93

CHINESE, BRITISH COLUMBIA.

Year.	Deaths from Tuberculosis.	Deaths, all Causes.	T.B. Rate per Cent., all Deaths.	Population.	T.B. Rate per 1,000 Population.
1921	49 .	220	22.26	23,533	2.08
1922	64	232	27.58	23,533	2.72
1923	44	228	19.29	23,533	1.87
1924	40	211	18.95	23,533	1.70
1925	44	195	22.56	23,533	1.87
1926	59	224	26.34	23,533	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$

BRITISH COLUMBIA INDIANS.

Year.	Deaths from Tuberculosis.	Deaths, all Causes.	T.B. Rate per Cent., all Deaths.	Population.	T.B. Rate per 1,000 Population.
1921 1922 1923 1924 1925 1926	104 99 133 125 155 145	364 370 432 457 436 416	$ \begin{vmatrix} 28.57 \\ 26.76 \\ 30.79 \\ 27.35 \\ 35.55 \\ 34.85 \end{vmatrix} $	$\begin{array}{c cccc} 25,694 \\ 24,744 \\ 25,694 \\ 25,694 \\ 24,316 \\ 24,316 \end{array}$	4.05 4.00 5.18 4.86 6.37 5.96

Japanese, British Columbia.

Year.	Deaths from Tuberculosis.	Deaths, all Causes.	T.B. Rate per Cent., all Deaths.	Population.	T.B. Rate per 1,000 Population.
1921	33	142	23.24	15,006	2.19
1922	22	190	11.58	15,806	1.38
1923	24	158	15.19	16.004	1.49
1924	23	150	15.33	17,418	1.32
1925	33	195	16.92	18,226	1.81
1926	28	161	17.39	19,048	1.47

RACES OTHER THAN CHINESE, JAPANESE, AND BRITISH COLUMBIA INDIANS.

Year.	Deaths from Tuberculosis.	Deaths, all Causes.	T.B. Rate per Cent., all Deaths.	Population.	T.B. Rate per 1,000 Population.
1921	326	3,846	8.47	460,349	0.70
1922	322	4,115	7.82	474,917	0.67
1923	324	4,179	7.75	478,769	0.67
1924	339	4,186	8.09	486,355	0.69
1925	306	4,119	7.42	494,925	0.61
1926	300	4,673	6.42	501,103	0.59

Causes of Death, 1922-26.

Cause of Death.	1922.	1923.	1924.	1925.	1926.
Respiratory system	417	426	439	443	431
Meninges—central nervous system.	28	35	42	41	44
Intestines and peritoneum.	24	28	17	14	17
Vertebral column.	8	6	10	10	11
Joints	6	1	4	7	2
Other organs	11	16	6	8	14
Disseminated	1 3	13	9	15	13
Totals	507	525	527	538	532
Rate per cent., all deaths	10.3	10.5	10.5	10.8	9.72
Rate per 1,000 population	0.94	0.96	0.95	0.95	0.93

CANCER.

There has been a considerable increase in the number of deaths from cancer during the year 1926, as is shown in the following table:—

Cause of Death.	1922.	1923.	1924.	1925.	1926.
Buccal cavity	16	14	18	19	22
Stomach and liver	178	180	177	181	202
Peritoneum, intestines, rectum	70	70	73	73	90
Female genital organs	45	48	53	36	55
Breast	39	33	41	63	44
Skin	8	11	8	7	6
Unspecified	89	97	87	94	107
Totals.	445	453	457	473	526
Rate per 1,000 population.	0.82	0.83	0.82	0.84	0.92

AGES OF DECEDENTS.

The following is a comparative statement of the ages of decedents for the years 1922 to 1926. The increases in the age periods from 40 years and upwards are very noticeable.

Year and Sex.	Under 1 Year.	1 Year.	2 Years.	3 Years.	4 Years.	5 to 9 Years.	10 to19 Years.	20 to 29 Years.	30 to 39 Years.	40 to 49 Years.	50 to 59 Years.	60 to 69 Years.	70 to 79 Years.	80 to 89 Years.	90 to 99 Years.	100 Years and up.	Age not stated.	Total.
1922. Male Female	415 277	 53 46	$egin{array}{c} 26 \ 26 \ \end{array}$	25 31	 15 11	67	145 88	198 129	303 184	$egin{pmatrix} 402 \ 196 \ \end{bmatrix}$	447	$\begin{array}{ c c c }\hline & 469 \\ 235 \\ \end{array}$	318 247	152* 130			17 7	3,052 1,855
1923. Male Female 1924.	3'74 294	$egin{bmatrix} 58 \ 52 \ \end{bmatrix}$	39 29	17 19	17	71 65	143 102	193 123	302 180	396 203	446 210	482 250	347 245	145 120	26 17	2	14 5	3,070 1,927
Male Female 1925.	$\begin{array}{c} 325 \\ 249 \end{array}$	58 46	36 25	31 19	$\begin{vmatrix} 25\\ 21 \end{vmatrix}$	72 65	142 106	176 145	299 1 80	445 233	443	458 254	355 223	169 139	25 17	1	20	3,080 1,924
Male Female 1926.	318 251	$egin{bmatrix} 68 \ 42 \ \end{bmatrix}$	34 28	19 20	23 16	68 49	123 88	209 1 51	$egin{array}{c c} 254 \ 160 \ \end{array}$	379 1 90	448 220	$egin{array}{c c} 506 \\ 277 \\ \hline \end{array}$	363 259	174 119	27 22	4	34	3,047 1,898
Male Female	336 252	52 54	30	21 21	28 19	63	127 111	181 165	259 193	470	484	550	273	181 151	31 28	$\begin{vmatrix} 4\\2 \end{vmatrix}$	16 2	3,332

^{*} Year 1922, 80 years and upwards.

CLASSIFIED DEATHS.

The following is a list of classified deaths in British Columbia for the past five years:—

Cause of Death.	1922.	1923.	1924.	1925.	1926.
General diseases	1,577	1,597	1,654	1,538	1,701
Nervous system	319	332	358	317	405
Circulatory system	715	824	807	864	995
Respiratory system	551	370	335	353	441
Digestive system	365	307	340	354	326
Non-venereal—genito-urinary system.	221	280	302	335	367
The puerperal state.	63	63	69	60	65
Diseases of the skin and cellular tissue	22	24	24	26	23
Diseases of the bones and organs of locomotion	5 .	9	9	6	21
Malformations	55	69	60	56	58
Diseases of early infancy	321	320	252	260	297
Old age	105	103	77	88	83
External causes	512	636	614	595	639
Ill-defined.	76	63	103	93	53
Totals	4,907	4,997	5,004	4,945	5,474
Rate per 1,000 population	9.1	9.2	9.0	8.8	9.6

SPECIFIED DISEASES.

Deaths from certain specified diseases are given below for the years 1922 to 1926:—

Cause of Death.	1922.	1923.	1924.	1925.	1926.
Typhoid fever	14	12	15	13	15
Smallpox	*****	11	6	3	3
Measles	2	24	90	4	10
Scarlet fever	14	23	19	3	5
Whooping-cough	21	32	31	32	38
Diphtheria.	23	26	55	28	33
Influenza	241	136	109	117	197
Tuberculosis	507	525	527	538	532
Cancer	445	453	457	473	526
Bronchitis	44	33	16	26	31
Bronchopneumonia	157	116	68	87	115
Pneumonia	284	173	185	179	226
Diarrhœa and enteritis	114	77	71	104	58
The puerperal state	63	63	69	60	65
Congenital malformations	92	109	96	56	94
Early infancy	321	320	252	260	297
Senility	105	103	77	88	83
Suicides	60	93	78	89	101
Automobile accidents	39	42	56	45	60
Drowning, accidental	105	118	108	117	104
Mines, accidents	36	55	21	15	21
Homicides	16	12	22	14	20

MARRIAGES.

There were 4,418 marriages in British Columbia during the year 1926, as against 4,223 in 1925, 4,038 in 1924, 3,943 in 1923, and 3,763 in 1922.

ORIENTAL RACES.

Chinese.—The total number of Chinese births registered during the year ended December 31st, 1926, was 203, as against 234 in the year 1925. Chinese children born and registered in the same period numbered 163, the balance being registrations of children born prior to 1926.

The number of Chinese deaths registered during the year ended December 31st, 1926, was 224, as against 195 during the preceding year. Deaths from tuberculosis and cancer numbered 59 and 15 respectively.

Deaths of children under 1 year of age, 16; still-births, 2.

Japanese.—There were 1,170 registrations of births of Japanese children during the year ended December 31st, 1926, as against 1,104 registrations the previous year. The number of Japanese children born and registered in the same period was 756, as against 687 the previous year.

Japanese deaths registered in the year 1926 numbered 161—deaths from tuberculosis and cancer numbering 28 and 5 respectively. There were 60 deaths of children under 1 year of age and 25 still-births.

INDIAN RETURNS.

The total number of registrations of births of Indians for the year ended December 31st, 1926, was 486, and of these 224 were males and 262 females. Children born during the year numbered 415. The birth rate per 1,000 population was 17.6, as against 17.8 the previous year.

There were 416 Indian deaths during the year, and of these 193 were males and 223 females. Deaths from tuberculosis numbered 145, or 34.85 per cent. of the total number of Indian deaths. Deaths from cancer numbered 8. The deaths of 76 children under 1 year of age were registered during the year.

Marriages registered during the year numbered 127.

"ADOPTION ACT."

Particulars of birth relating to 124 children adopted under "the Adoption Act" were received and filed in this office during the year 1926.

GENERAL REMARKS.

The work of the Department continues to increase, as may be gathered in part from the following figures:—

1924.	1925.	1926.
6,475	8,198	8.982
5,198	6,630	7,349
3,945	5,493	5,919
3,783	5,450	5,708
312	811	636
446	398	512
295	578	849
\$3,133.81	\$4,252.99	\$4,539.09
315.00	455.00	*405.00
	6,475 5,198 3,945 3,783 312 446 295 \$3,133.\$1	6,475 8,198 5,198 6,630 3,945 5,493 3,783 5,450 312 811 446 398 295 578 \$3,133.\$1 \$4,252.99

That this increase in work has been successfully handled is entirely due to the loyal co-operation of my staff and to the unfailing courtesy and assistance rendered by all officials connected with this Department.

I have, etc.,

HERBERT B. FRENCH, M.A.,

Deputy Registrar of Births, Deaths, and Marriages.

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Third International Decennial Revision, Paris, 1920.)	Chilliwack.	Cranbrook.	Cumberland.	Duncan.	Fernie.	Grand Forks.	Kamloops.	Kelowna.
	I. EPIDEMIC, ENDEMIC, AND INFECTIOUS DISEASES.								
	Typhoid fever and paratyphoid:								
1	(a.) Typhoid fever		1	••••					
	,, F. (b.) Paratyphoid fever			•		1			3
6	Smallpox					••••			••••
7	Measles M.		••••	••••					
8	scarlet fever			-					••••
	"F.		•						
9	Whooping-cough M.			1					. 1
10	DiphtheriaM.		1			1		••••	
11			••••	••••		1	****	••••	••••
:	(a.) Sole cause			1					1
	(b.) With phthisis								
i	(c.) With bronchitis M.			•					1
	,, F.								2
	(d.) With pneumonia M.			••••		1		4	·
	(c.) With other respiratory diseases			 					1
	(f.) With pregnancy and parturitionF.			••••		••••			
	(g.) With other causes	2			1	1	•	1	1
13	Mumps M.							•	
16	Dysentery:								••
	(c.) Unspecified or other causes M.								•
21	Erysipelas		•			••••			2
22	Acute anterior poliomyelitis M.			•				1	
23	Lethargic encephalitis								••
24	Meningococcus meningitis							••••	••••
25	Other epidemic and endemic diseases:		• • • • • • • • • • • • • • • • • • •	 	 				
	(a.) Chicken-pox						••••	••••	••••
29	Tetanus ,, M.						••••	٠	
31	Tuberculosis of respiratory system	1 1	4	1	1	1	2	$\frac{3}{2}$	
32	Tuberculosis of meninges and central nervous systemM.		:	1		1	т	1	
00	Tuberculosis of intestines and peritoneum	••••				1			
	,,		•					••••	
34	Tuberculosis of vertebral column		1						
35	Tuberculosis of joints						****	••••	••••
36	Tuberculosis of other organs:		 						
	(b.) Bones (No. 34 excepted) M. (c.) Lympathic system (No. 33 excepted) M.								
	(d.) Genito-urinary system								
	F.								

POPULATION AND OVER, BRITISH COLUMBIA, 1926.

Ladysmith.	Merritt.	Nanaimo.	Nelson.	New Westminster.	North Vancouver.	Point Grey.	Port Alberni.	Port Coquitlam.	Port Moody.	Prince George.	Prince Rupert.	Revelstoke.	Rossland.	South Vancouver.	Trail.	Vancouver.	Vernon.	Victoria.	Balance of Province.	Total Deaths, Province,
	1	1	1	1 2								1		1 2	1	1 4 1 1 2 7	1	1	3 2 2 3 1 1 12	8 6 1 2 1 8 2 2 2 3 13 25
			1	1 1 1	1 1 2 1 1	1	1	1 2	1		1	1 1		3 1 	1	14 8 3 2 2 1 1 1 1 1 1 1 1	1	7 2	2 2 7 8 4 5 9 5 2 2 7 10	19 14 10 15 7 8 1 3 48 33 4 4 4 3 25 36 1
		 1			1 										1 1 1	5 6 1 3		1	2 1 1 1 2 1 	1 2 8 10 1 2 3 5 4
1 	1	3 1	4 1	1	1 1	10 2					 1 2 1 1 	2	1	3 4	3	75 29 11 6 1 4 2 5	1	1 34 5 4 3 1 2	108 107 8 6 2 2 1	1 1 264 167 27 17 7 10 5 6 1
											1	1		1		2 1		2	1 3 1	1 2 9 2

		<u> </u>	1		<u> </u>		1	1	
Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Third International Decennial Revision, Paris, 1920.)	Chilliwack.	Cranbrook.	Cumberland.	Ouncan.	Fernie.	Grand Forks.	Kamloops.	Kelowna.
021									
	I. EPIDEMIC, ENDEMIC, AND INFECTIOUS DISEASES—Continued.								
37	Disseminated tuberculosis:								
,	(a.) Acute	1							
	,,		1	:					
0.0	,, ·								
38	Syphilis M.						••••		
41	Purulent infection, septicæmia	1							
	,,F.		1	••••				****	
	II. GENERAL DISEASES NOT INCLUDED IN CLASS I.		ļ						
43	Cancer of buccal cavity	1					1		
44	Cancer of stomach and liver	1		···· 1	1	1		$\frac{\cdots}{5}$	1
45	cancer of peritoneum, intestines, rectum				2		••••	$\begin{bmatrix} 3 \\ 2 \end{bmatrix}$	
to.	F.	1 1	•		1			1	
46	Cancer of female genital organs			,			****		
47 48	Cancer of breast F. Cancer of skin M.							1	1
4.0	,,								
49	Cancer of organs not specified	1			1	1	1	$\frac{5}{1}$	
50	Benign tumours (not returned as malignant)								
51	,, Acute rheumatic fever		••••						••••
	,, F.								
52	Chronic rheumatism, osteoarthritis, goutM								
54	Pellagra								
56	Rickets		•		-				
57	Diabetes mellitus		1		;		1	2	1
58	,, F. Anæmia, chlorosis:	1	1	1				1	
.,0	(a.) Pernicious anæmia							3	
	(b.) Other anæmias and chlorosisM.	1	•		1				
	,, F.				 				
60	Diseases of thyroid gland:								
	(a.) Exophthalmic goitre	1	•	 	 1	1		 	 1
	(b.) Other diseases of thyroid gland						••••		
61	Diseases of parathyroid glands								
e o	,, F.								
62	Diseases of the thymus		,-		 	••••			
63	Diseases of the adrenals (Addison's disease)						••••		
64	Diseases of the spleen M.								
65	Leukæmia and Hodgkin's disease:								
	(a.) Leukæmia				 				
0.0	(b.) Hodgkin's disease		••••			1	••••		
66	Alcoholism: (a.) Delirium tremens F.								
	(b.) Acute alcoholism M.							1	
	,, F.								
***************************************		1		1		1			

Ladysmith,	Merritt.	Nanaimo.	Nelson.	New Westminster.	North Vancouver.	Point Grey.	Port Alberni.	Port Coquitlam.	Port Moody.	Prince George.	Prince Rupert.	Revelstoke.	Rossland.	South Vancouver.	Trail.	Vancouver.	Vernon.	Vietoria.	Balance of Province.	Total Deaths, Province.
				1 1	1	2				 1 	1 1					3 1 7 3 5 5		1 1	2 4 3	4 4 3 2 15 3 , 10 9
1		3 3 1 	1	1	1 1 1 1	1 7 4 2 1 4				1 1	3 2 1 	1 1		5 7 3 2 1 2 1 1 5	1 1 1 	8 49 17 21 16 19 12 2 1 27 14 3 4 1 1 1 14 8		5 1 20 4 10 8 9 6 1 12 4 2 1 3 4 6	3 1 27 17 6 8 14 15 12 6 3 2 5 2 1 2 1 7 4	20 2 135 67 49 41 55 44 5 1 70 37 8 1 4 13 3 4 1 3 2 27
				4 1 	2 1 	1 					1			2		$egin{array}{cccccccccccccccccccccccccccccccccccc$		2 2	1 7 1 1	$25 \\ 24 \\ 3 \\ 3$
			1 	1 1 1 	1	1				1				1 1 1 1	1	2 11 2 1 7 2 1 1		2 1 1 1 3	3 1 1 1	3 22 1 5 1 2 9 6 1 1 1
			1	1							 1			1		3 2 1 2		1	1 1 1	6 4 2 4 3

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Third International Decennial Revision, Paris, 1920.)	Chilliwack.	Cranbrook.	Cumberland.	Duncan.	Fernie.	Grand Forks.	Kamloops.	Kelowna.
								1	
	II. GENERAL DISEASES NOT INCLUDED IN CLASS I.—Continued.								
66	Alcoholism—Continued.						-		
	(e.) Chronic alcoholism								
68	chronic organic poisoning:		• 						
00	(a.) Chronic morphinismF.								
210	(e.) Other organic poisoning								
69	Other general diseases: (a.) Diabetes insipidusF.	 							
	(b.) Hæmophilia			1					
	,, F.			1					
	(c.) Purpura hæmorrhagica M.								
	(d.) Others under this title			••••	••••				
	,,F.								
	III. DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.								
70	Encephalitis		 					1	1
	., F.		••						•
71	Meningitis: $(u.)$ Simple meningitis								
	(a.) Simple meningitis								
	(b.) Non-epidemic cerebrospinal meningitisF.								
$\frac{72}{73}$	Tabes dorsalis (locomotor ataxia) M. Other diseases of the spinal cord M.			•	 1	1		1	
1.0	,, F.								••••
74	Cerebral hæmorrhage, apoplexy:								
	(a.) Apoplexy M.			1					,
	(b.) Cerebral hæmorrhage	1	3						1
:	,, F.				1	1		1	1
	(c.) Cerebral thrombosis and embolismM.					•			
75	Paralysis without specified cause: (a.) Hemiplegia			****				$\frac{1}{2}$	
	,, F.								:
	(b.) Others under this title	1	••••					1	
76	General paralysis of the insane M.								•
خما معا	,, F.	•							
77	Other forms of mental alienation M.								
78	Epilepsy M.)				
80	,, F. Infantile convulsions (under 5 years)	1 1					•		
60	,, F.	1.							
81	ChoreaF.								•
82 83	Neuralgia and neuritisF. Softening of the brainF.						 1		•
84	Other diseases of the nervous system								
	,,F.	1						1	
85 86	Diseases of the eye and annexa		••						•
30	(a.) Diseases of the ear								
	,, F.			1					
	(b.) Diseases of the mastoid process			••••	•				
	,,		••••	••••	••••	••••			

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Ladysmith.	Merritt.	Nanaimo.	Nelson.	New Westminster.	North Vancouver.	Point Grey.	Port Alberni.	Port Coquitlam.	Port Moody.	Prince George.	Prince Rupert.	Revelstoke.	Rossland.	South Vancouver.	Trail.	Vancouver.	Vernon.	Victoria.	Balance of Prevince.	Total Deaths, Province.
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; 1			 1	4	 1	$\begin{bmatrix} 3 \\ 2 \end{bmatrix}$	1			1	2		 	1		$\begin{array}{c c} 11 \\ 12 \end{array}$	$egin{array}{c} 2 \ 1 \ \end{array}$	8 10	$\begin{array}{c c} 26 \\ 14 \end{array}$	$\frac{63}{48}$
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Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Third International Decennial Revision, Paris, 1920.)	Chilliwack.	Cranbrook.	Cumberland.	Duncan.	Fernie.	Grand Forks.	Kamloops.	Kelowna.
	IV. DISEASES OF THE CIRCULATORY SYSTEM.								
87	Pericarditis								
88	Endocarditis and myocarditis:								
	(a.) Acute endocarditis	••••				1	••••		••••
	(b.) Acute myocarditis					••••	••••	••••	****
89	Angina pectoris						••••	1 1	1
90	Other diseases of heart	$egin{bmatrix} 5 \ 1 \end{bmatrix}$	$egin{array}{c} 7 \ 3 \end{array}$	1 1	$egin{array}{cccc} 2 & & \\ & 1 & & \end{array}$	2	3	18 5	$\frac{2}{6}$
91	Diseases of the arteries: (a.) Aneurism								••••
	(b.) Arteriosclerosis M.	1		 1		2	 1	2	
	,, F. (c.) Other diseases of arteries		1	1					•
92^{-3}	,, Embolism and thrombosis M.								••••
93	Diseases of the veins M.						•		••••
	,,F.	· · · · ·			•				
94	Diseases of the lymphatic system				•	•	••	••	****
0.7	V. DISEASES OF THE RESPIRATORY SYSTEM.								
97 98	Diseases of the nasal fossæ and annexa Diseases of the larynx:					•			
	(c.) Croup		1 	••••		••••			••••
99	Bronchitis: (a.) Acute						••••		••••
	(b.) Chronic M.								••••
	,,			•			••••		••••
	,, F. (d.) Not otherwise defined (over 5 years)		••••				••		••••
100	Bronchopneumonia: (a.) Bronchopneumonia M.	1							4
	(b.) Capillary bronchitis								••••
101	Pneumonia: (a.) Lobar	1			2		1	2	
	(b_i) Not otherwise defined			1	3	••••	1	1	
100	,, F.	,	1					3	
102	Pleurisy M. F.				· 1				
103	Congestion and hæmorrhagic infarct of lung					••••	••••		
105	Asthma M.								••••
106 107	Pulmonary emphysema						1		1
	(a.) Chronic interstitial pneumonia								
	,,		•	•			1	••••	••••

Ladysmith.	Merritt.	Nanaimo.	Nelson.	New Westminster.	North Vancouver.	Point Grey.	Port Alberni.	Port Coquitlam.	Port Moody.	Prince George.	Prince Rupert.	Revelstoke.	Rossland.	South Vancouver.	Trail.	Vancouver.	Vernon.	Victoria.	Balance of Province.	Total Deaths, Province.
	1		1 10 8	1 1 ' 1 3 8	. 1	 7 21 5	1 1	1					4	1 1 2 10 15	1 	1 2 2 2 10 4 68 73 8	2	2 1 37 38	2 1 1 2 2 10 3 102 64	6 3 6 2 5 3 41 11 338 249
	1 	1 1	1	8 5	3	15 1 	1 1	1			1 	1		6 6 6 1 	1 	63 55 1 1 1	1 1	13 10	31 31 31 31 3 3 3 1	182 113 1 2 4 3 2 1 1
1 1 				1		1				1 						1 1 3 		2 1 	1 2 4 4 4 2 1 2	1 1 6 7 9 2 2 3 2
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		1 1							
Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Third International Decennial Revision, Paris, 1920.)	Chilliwack.	Cranbrook.	Cumberland.	Duncan.	Fernie.	Grand Forks.	Kamloops.	Kelowna.
j	VI. DISEASES OF THE DIGESTIVE SYSTEM.								
100								2	
108	Diseases of the mouth and annexa	••••	••••				,		
109	Diseases of the pharynx and tonsils							*	
111	,, Ulcer of the stomach:		****			••••	****		••••
	(a.) Ulcer of the stomach				1		•	1	••••
	(b.) Ulcer of the duodenum	****			••••		••••		
112	other diseases of the stomach	1	••••						••••
112	,, F.		••••		•				
113	Diarrhœa and enteritis (under 2 years)		1					2	
114	Diarrhœa and enteritis (2 years and over)				••••				
117	Appendicitis and typhilitis			$\begin{vmatrix} 1 \\ 2 \end{vmatrix}$		****	 1	 1	
	,, F.		1	1				1	
118	Hernia, intestinal obstruction: (a.) Hernia, strangulated inguinal (operation)	••••	••••	•	••			1	1
	(b.) Obstruction, intussusception, volvulus		****	••••				1	
119	other diseases of the intestines	1							1
122	cirrhosis of the liver:		••••	·····	•	••••	•-••		••••
	(b.) Not specified as alcoholic				•		1		
123	,, F. Biliary calculi		****	••••	1			1	
104	,,F.		****						••••
124	Other diseases of the liverM.				••••	••••			
125	Diseases of the pancreas								•
126	Peritonitis, without specified cause M.				••••	•			
	,,F.						1		
	VII. Non-venereal Diseases of Genito-Urinary System and Annexa.								
128	Acute nephritis	1	2					1	1
129	Chronic nephritis (Bright's disease) M.	$\frac{\ldots}{2}$	1 3	1			 1	 6	 3
131	other diseases of kidneys and annexa M.		• • • • • • • • • • • • • • • • • • •	3			1 1	$\begin{bmatrix} 0 \\ 2 \\ 1 \end{bmatrix}$	1
	,,F.		****						
$\begin{bmatrix} 132 \\ 133 \end{bmatrix}$	Calculi of the urinary passages M. Diseases of the bladder M.								
101	,,F.								•
134	Diseases of the urethra, urinary abscess, etc.: (a.) Stricture of the urethra		••••						
10-	(b.) Others under this title								••••
$\begin{array}{c c} 135 & \\ 136 & \end{array}$	Diseases of the prostate	1				••	1	1	1
137	Cysts and other benign tumours of the ovaryF.			•					
138	Salpingitis and pelvic abscessF.		•						****
139 140	Benign tumours of the uterus F. Non-puerperal uterine hæmorrhage F.							-	
141	Other diseases of the female genital organs				••••				
i									

Ladysmith.	Merritt.	Nanaimo.	Nelson.	New Westminster.	North Vancouver.	Point Grey.	Port Alberni.	Port Coquitlam.	Port Moody.	Prince George.	Prince Rupert.	Revelstoke.	Rossland.	South Vancouver.	Trail.	Vancouver.	Vernon.	Victoria.	Balance of Province.	Total Deaths, Province.
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			 	1 3 1 	1 2 1 1	1 				1			1		1 	$egin{array}{c c} 10 & 2 & \\ 2 & 4 & \\ 5 & \\ 2 & 1 & \\ \end{array}$		2 1 5 	2 4 3 4 1	20 7 18 14 4 2
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1		5 5	1	1 5 7 1 1 1 1	4	 1 5 2 2 	1	1			 	 2 		1 7 5 2 2	1	6 1 56 35 6 4 2 3	1 1 1 	1 15 9 1 1 2	6 4 25 25 4 1 3	$ \begin{vmatrix} 22 \\ 8 \\ 145 \\ 97 \\ 13 \\ 7 \\ 3 \\ 13 \\ 1 \end{vmatrix} $
		1 1	3	2		2						 1 	1			1 18 2 2 2 1 1		1 7 2	1 3 1 1	2 1 40 3 3 3 2 1 3

Other diseases of the skin and annexa										
143 Accidents of pregnancy:	Classification No.	(After the Bertillon Classification Causes of Death, Third	Chilliwack.	Cranbrook.	Cumberland.	Duncan.	Fernie.	Grand Forks.	Kamloops.	·Kelowna.
143 Accidents of pregnancy:		VIII. THE PUERPERAL STATE.								
(b) Ectopic gestation	142									
144 Pherperal lawmorphage	7.40	(b.) Ectopic gestationF.				1		••••	••••	****
143 Other accidents of labour: (a.) Caesarean section (c.) Other surgical operations and instrumental delivery F.	144									****
(c.) Other surgical operations and instrumental delivery F.		Other accidents of labour:	••••	.4.						••••
140										
148 Puerperal albuminuria and convulsions	146	Puerperal septicæmia	!							
149 Following childbirth (not otherwise defined)										
IX. DISEASES OF THE SKIN AND CELLULAR TISSUE.		Following childbirth (not otherwise defined)F.								
151 Gangrene	150	Puerperal diseases of breast								••••
152 Furuncle		IX. DISEASES OF THE SKIN AND CELLULAR TISSUE.								
153 Acute abscess M.	151	Gangrene M.			1		••••		••••	
154 Acute abscess	159								1	•
154 Other diseases of the skin and annexa	153		1						1	
X. DISEASES OF BONES AND ORGANS OF LOCOMOTION.	154								l	
Diseases of the bones (mastold and tuberculosis excepted) M.	104	ਜ	;						1	
Diseases of the bones (mastold and tuberculosis excepted) M.		V DISEASES OF BONES AND ORGANS OF LOCOMOTION								
Diseases of the joints (tuberculosis and rheumatism excepted) M.	455									9
XI. Malformations.	199	,, F.		- 1		!	- {	1	i	<u> </u>
Congenital malformation (still-births not included): (a.) Congenital hydrocephalus	156	Diseases of the joints (tuberculosis and rheumatism excepted) M.								
(a.) Congenital hydrocephalus		XI. MALFORMATIONS.								
(b.) Congenital malformations of heart	159	(a.) Congenital hydrocephalus							1	
(c.) Others under this title			1	ł		1			}	
Name		,,F.		-		-			1	••••
XII. DISEASES OF EARLY INFANCY.			- 1	- L	· ·	- 1	- 1	- 1	- 1	••••
160 Congenital debility, icterus, sclerema M.										
161 Premature—injury at birth :			ļ							
161 Premature—injury at birth : (a.) Premature	160			}	i		j	i		•••
(b.) Injury at birth	161	Premature—injury at birth:	į	4	4		4		9	1
162 Other diseases peculiar to early infancy M. 1 1				_		1	I	- 1		
162 Other diseases peculiar to early infancy M			i		ł	- 1	ł			•
163 Lack of care	162			1		!		i		
XIII. OLD AGE. Senility	169			- }	- 1	- 1	- 1	1	- 1	
164 Senility	109									••••
XIV. AFFECTIONS PRODUCED BY EXTERNAL CAUSES. Suicide by solid or liquid poisons (non-corrosive)										
XIV. AFFECTIONS PRODUCED BY EXTERNAL CAUSES. 165 Suicide by solid or liquid poisons (non-corrosive)	164	v	- 1	1		ł	2	i	i i	
Suicide by solid or liquid poisons (non-corrosive)										
	10-									
	165	F	- 1					1	1	

	. 011																			
Ladysmith.	Merritt.	Nanaimo.	Nelson.	New Westminster.	North Vancouver.	Point Grey.	Port Alberni.	Port Coquitlam.	Port Moody.	Prince George.	Prince Rupert.	Revelstoke.	Rossland.	South Vancouver.	Trail.	Vancouver.	Vernon.	Victoria.	Salance of Province.	Total Deaths, Province.
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 1				1	1	1					1 					4 2 1		4	2 1	14 5 2
		1	1	1 3		 2 1 	1	1			1		1	1		4 7 2 8 4		1	3 3 3 1	4 7 17 6 15 9
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		1 1	2	1	 1	2					1	 1			1	3 4		7	26 29	43 40
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Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Third International Decennial Revision, Paris, 1920.)	Chilliwack.	Cranbrook.	Cumberland.	Duncan.	Fernie.	Grand Forks.	Kamloops.	Kelowna.
	XIV. AFFECTIONS PRODUCED BY EXTERNAL CAUSES—Continued.								
166	Suicide by corrosive substances								•••
167	Suicide by poisonous gas M.				•		••	1	-
168	Suicide by hanging and strangulation M.			 1	•				1
169	Suicide by drowning M.								••••
170	suicide by firearms M.								
171	Suicide by cutting or piercing instruments								
172	Suicide by jumping from high places M.								
	,,F.					•			
174 175	Other suicides								
177	Other acute accidental poisonings								
178	Conflagration M.			•	••				
179	Accidental burns and scalds M,			••••	1				1
180	Accidental suffocation						1	•	
181									••••
182	Accidental drowning					1	1	•	
183	Traumatism by firearms M.								1
185	Traumatism by fall	2	1		2				1
186 187	Traumatism in mines and quarries M. Traumatism by machines M.	1		1					
	,,F.								
188	Traumatism by other crushings: (a.) Railroad							2	•
	(b.) Street-car M.								••••
	(c.) Automobile							2	
	,, \mathbf{F} . $(d.)$ Aeroplane and balloon \mathbf{M} .		1						
	(e.) Other vehicles								
189	(f.) Other crushing M. Injuries by animals M.	1		1	3		1		1
192	Starvation M.								
193 196	Excessive cold								
197	Homicide by firearms M.								
198	Homicide by cutting and piercing instruments M.								
199	Homicide by other means								
201	Fractures (cause not specified) M.								
	,, F.								
202	External violence (cause specified) M. F.								

	1 2 1 2 1 1 2 7 1 5 3 5 1 4 1 7 30
	$\begin{array}{c cccc} & & & & & 1 \\ & & & & & 1 \\ & & & & 2 \\ \hline 11 & & 27 & \\ 1 & & 5 & \\ 3 & & 5 & \\ 1 & & 4 & \\ \end{array}$
	$ \begin{array}{c cccc} & 2 & 2 \\ 11 & 27 & \\ 1 & 5 & \\ 3 & 5 & \\ 1 & 4 & \end{array} $
	$ \begin{array}{c cccc} 11 & 27 \\ 1 & 5 \\ 3 & 5 \\ 1 & 4 \end{array} $
	$egin{array}{c c} 3 & 5 \\ 1 & 4 \end{array}$
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1 6 1 1 2 1 1 5	12 57
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Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Third International Decennial Revision, Paris, 1920.)	Chilliwack,	Cranbrook.	Cumberland.	Duncan.	Fernie.	Grand Forks.	Kamloops.	Kelowna.
	'XV. ILL-DEFINED DISEASES.		4						
204	Sudden death M.					•			
205	Cause of death not specified or ill-defined:								
	(a.) Ill-defined	••••	••••						
	(b.) Not specified or unknown						••••		
	,,								
	(c.) Heart-failure		1	1	•		****		•
	,, F. (d.) Syncope	•				1	••••		
			••••	••••					
	Males	24	37	17	19	19	17	84	35
	Females	16	15	13	15	9	12	28	18
1	Totals	40	52	30	34	28	29	112	53

Ladysmith.	Merritt.	Nanaimo.	Nelson.	New Westminster.	North Vancouver.	Point Grey.	Port Alberni.	Port Coquitlam.	Port Moody.	Prince George.	Prince Rupert.	Revelstoke.	Rossland.	South Vancouver.	Trail.	Vancouver.	Vernon.	Victoria.	Balánce of Province.	Total Deaths, Province.
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12	11	52	-69	138	32	123	13	8	3	18	38	27	13	84	=25	957	28	319	1.110	[3,332]
11	-9	34	36	108	29	48	3	4		5	19	12	4	1 79	17	682	10	204	702	2.142
23	20	86	105	246	61	171	16	12	3	23	57	39	17	163 	42	1,639	38	523	1,812	5,474

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1927.





